



## REHABILITATION REVIEW

### Case Details

<b>Report Date</b>	Date	<b>Our Reference</b>	REF
<b>Defendant</b>	DEF	<b>Def Reference</b>	REF
<b>Solicitor</b>	SOL	<b>Sol Reference</b>	REF
<b>Liability</b>	Admitted	<b>Funding</b>	Not Known

### Review Purpose

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

### Patient Details

<b>Patient Name</b>	The Patient	<b>Gender</b>	Male
<b>Date of Birth</b>	11/06/1961	<b>Age</b>	63
<b>Incident Date</b>	23/11/2024	<b>Months Elapsed</b>	3

### Recommendation

<b>Initial Recommendation</b>	<b>INA and Rehabilitation Management</b>
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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 tripped at work, sustaining injury.

### Injury Overview

The Patient required a shoulder replacement surgery. He also sustained soft tissue injuries to his arm with bruising.

### Recovery Expectation

A shoulder replacement surgery is a major procedure requiring prolonged rehabilitation to restore function.

- Initial healing period: 6-12 weeks for wound healing and reduction of acute pain
- Rehabilitation phase: 3-6 months for regaining mobility and strength
- Full recovery: Up to 12 months, depending on post-operative rehabilitation adherence

Possible Clinical Complications:

- Reduced shoulder mobility due to stiffness or improper healing
- Chronic pain or weakness in the affected arm
- Post-surgical complications such as infection or implant failure
- Frozen shoulder syndrome due to lack of movement
- Delayed wound healing, especially in older patients
- There is a risk of neural injury
- There is risk of rotator cuff compromise this can be a significant problem and could result in instability and failed replacement surgery
- If the rotator cuff was compromised, then the patient will have undergone a reverse shoulder replacement. Rehab and healing times for this is much longer
- Neck and upper thoracic pain are also a common complication which impacts on rehab time and can impact on chest pain with shortness of breath

Given that 3 months have passed since the accident, The Patient is still in the early to mid-phase of recovery, likely dealing with pain, stiffness, and functional limitations.

### Anticipated Current Condition

At 3 months post-injury, The Patient is likely experiencing:

- Reduced range of motion in the affected shoulder
- Muscle weakness and stiffness
- Ongoing pain, particularly with movement
- Limited ability to perform daily tasks using the affected arm
- Residual bruising and soft tissue discomfort.



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- We suspect there will proprioceptive deficits
- Sleep is likely to be impacted
- there is a strong likelihood of neck and upper thoracic dysfunction

If rehabilitation has been inadequate or delayed, there is a risk of prolonged functional limitations.

### Risk Factors Effecting Recovery

#### Clinical Factors:

- Age-related slower healing: At 63 years old, tissue repair and bone healing may take longer.
- Post-surgical risks: Increased risk of implant failure, frozen shoulder, or stiffness due to non-compliance with rehabilitation. Neurovascular injury during the procedure is a risk.
- It's essential to know whether the rotator cuff was injured and whether this was a normal shoulder replacement, or it was reverse shoulder replacement. Reverse shoulder replacements have much longer healing times, complications are greater and outcomes less predictable.
- Pre-existing conditions: If The Patient has arthritis, diabetes, or circulatory issues, healing and recovery may be delayed.
- Muscle deconditioning: Prolonged inactivity can lead to muscle atrophy and functional decline
- The shoulder injury can lead to abnormal movement patterns in the upper limb results in elbow and wrist pain. There is also a risk of peripheral nerve symptoms due to the injury and the surgery. If the neck is involved, then peripheral nerve symptoms are far greater.

#### Psychological Impact:

- Post-accident anxiety: Fear of falling again may reduce confidence in mobility.
- Frustration from limited independence: Difficulty performing self-care tasks or lifting objects may affect daily life.
- Depression or low mood: Chronic pain and prolonged rehabilitation may lead to social withdrawal and emotional distress.

### Potential On-going Treatment Needs

1. Orthopaedic Rehabilitation (Physiotherapy & Shoulder Mobilization)
  - a. Restoration of shoulder range of motion and strength
  - b. Attention needs to be given to shoulder girdle stability, posture and proprioception. Shoulder ROM is highly dependent on optimal movements of the scapula on the thoracic spine. Timing and movement patterns must be normal to ensure shoulder ROM is optimal.
  - c. Progressive resistance training for upper limb function
2. Pain and Symptom Management (Orthopaedic Specialist & Pain Clinic)
  - a. Analgesic medication or corticosteroid injections if pain persists
  - b. Manual therapy to address joint stiffness
3. Functional Rehabilitation (Occupational Therapy & Mobility Support)
  - a. Adaptive strategies for daily activities (e.g., dressing, lifting objects)
  - b. Supportive devices such as slings or braces if needed
4. Psychological Support (Cognitive Behavioural Therapy & Coping Strategies)
  - a. Management of post-injury depression or anxiety
  - b. Confidence-building exercises to prevent fear-avoidance behaviour
5. Post-Surgical Monitoring (Orthopaedic Follow-ups & Imaging Studies)



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- a. Monitor shoulder implant for proper integration and function
- b. Assess for potential complications such as implant loosening
- c. Postural issues should be addressed early. The neurovascular structures should be checked to ensure they are intact

### Vocational Considerations

Given The Patient's absence from work, the injury is likely affecting his ability to:

- Perform tasks requiring shoulder mobility and arm strength
- Engage in lifting, reaching, or repetitive upper limb movements
- Carry out prolonged physical tasks due to pain and weakness

If his job requires manual labour or repetitive upper limb use, he may require:

- Workplace accommodations or modified duties
- Gradual return-to-work program with reduced workload
- Extended absence if rehabilitation progress is slow

### Clinical Risks of Inadequate Rehabilitation Provision

Without proper rehabilitation, The Patient may experience:

- Long-term functional impairment and stiffness in the affected shoulder
- Chronic pain leading to reduced quality of life
- Loss of shoulder mobility, affecting daily activities and independence. Long term neck, thoracic and upper limb pain involving the elbow and wrist can also impact on recovery and functional outcome.
- Emotional distress due to prolonged disability
- Increased risk of falls or secondary injuries due to imbalance and compensatory movement patterns

Structured therapy is essential to maximize recovery and prevent complications.

### INA Recommendation

- Multiple injuries requiring different specialists (orthopaedics, physiotherapy, pain management)
- 12- 18 months recovery timeframe, with risk of chronic stiffness
- Impact on daily function & work ability, requiring structured rehabilitation planning
- 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 return to function.



## REHABILITATION REVIEW

### 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:

<b>Case Director</b>	Dr Shamim Jenner MBChb dch MRCGP distn MLCOM MSc SEM
<b>Rehabilitation Manager</b>	Claire Lowe RGN DN Cert
<b>Case Assistant</b>	Donna Harris
<b>MDT Psychologist</b>	Jo Ablett DClin Psy, BSc (Hons) Psychology, MBPsS
<b>MDT Physiotherapist</b>	Vicki Nadarajah MSc MCSP

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

**In the first instance Claire Lowe will make arrangements to complete The Patient's INA.**

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

### 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 could you email your confirmation that you are happy for us to contact them.

### Sign off

Name	Position	Date
<b>Dr Shamim Jenner</b> MBChb dch MRCGP distn MLCOM MSc SEM	Rehabilitation Director	10/02/25

### Contact Details

**Medicess Limited**

Grove House, Lutyens Close, Chineham Court, Basingstoke, RG24 8AG

**Tel:** 01256 341660

**Web:**