

IN GRAND COURT OF THE CAYMAN ISLANDS

CAUSE NO: *90052* OF 2014

BETWEEN

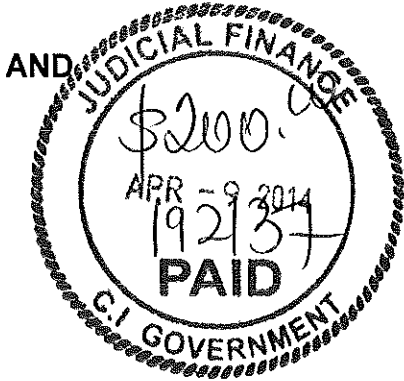
SARAH PARCHMENT

Plaintiff

AND

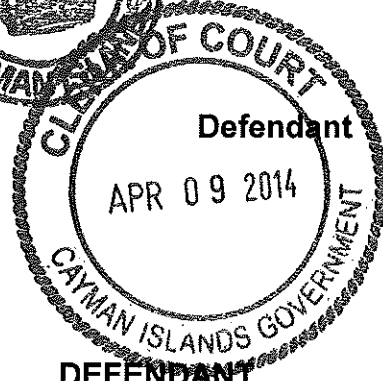
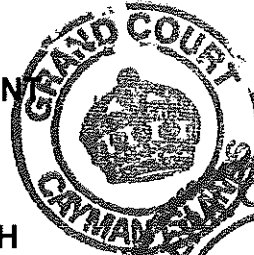
MARK RAE SMITH

Defendant



WRIT OF SUMMONS

WRIT OF SUMMONS



DEFENDANT

TO: MARK RAE SMITH  
George Town, Grand Cayman

**THIS WRIT OF SUMMONS** has been issued against you by the above-named Plaintiff in respect of the claim set out on the next page.

Within 14 days after the service of this Writ on you, counting the day of service, you must either satisfy the claim or return to the Court Office, P.O. Box 495G, George Town, Grand Cayman, the accompanying Acknowledge of Service stating therein whether you intend to contest these proceedings.

If you fail to supply the claim or to return the Acknowledgement within the time stated, or if you return the Acknowledgement without stating therein an intention to contest the proceedings, the Plaintiff may proceed with the action and judgment may be entered against you forthwith without further notice.

Issued this 9<sup>th</sup> day of April 2014.

NOTE – This Writ may be served later 4 calendar months (or, if leave is required to effect service out of the jurisdiction, 6 months) beginning with the date of issue unless renewed by order of the Court.

**IMPORTANT**

Directions for Acknowledgement of Service are given with the accompanying form.

This Writ of Summons was filed by H. Phillip Ebanks, Attorney at Law, for the Plaintiff, whose address for service is 62 Hospital Road Plaza, George Town, PO Box 30422, Grand Cayman, KY1-1202.

**DIRECTIONS FOR ACKNOWLEDGEMENT OF SERVICE  
OF WRIT OF SUMMONS**

1. The accompanying form of Acknowledgement of Service should be completed by an Attorney on behalf of the Defendant or by Defendant if acting in person.

After completion it must be delivered or sent by post to the Law Courts, PO 495G, George Town, Grand Cayman.

2. A Defendant who states in his Acknowledgement of Service that he intends to contest the proceedings must also serve a defense on the Attorney for the Plaintiff (or on the Plaintiff if acting in person).

If a Statement of Claim is not endorsed on the Writ, the Defence need not be served until 14 days after a Statement of Claim has been served on the Defendant.

If the Defendant fails to serve his defense within the appropriate time, the Plaintiff may enter judgment against him without further notice.

3. A Stay of Execution against the Defendant's goods may be applied for where the Defendant is unable to pay the money for which any judgment is entered. If a Defendant to an action for a debt or liquidated demand (i.e. a fixed sum) who does not intend to contest the proceedings states, in answer to Question 3 in the Acknowledgment of Service, that he intends to apply for a stay, execution will be stayed for 14 days after his Acknowledgement, but he must, within that time, issue a Summons for a stay of execution, supported by an affidavit of his means. The affidavit should state any offer which the Defendant desires to make for payment of the money by installments or otherwise.

**See overleaf for notes for guidance**

**Please complete overleaf**

## Notes of Guidance

1. Each Defendant (if there are more than one) is required to complete an Acknowledgement of Service and return it to the Courts Office.
2. For the purpose of calculating the period of 14 days for acknowledging service, a writ served on the Defendant personally is treated as having served on the day it was delivered to him.
3. Where the Defendant is sued in a name different from his own, the form must be completed by him with the addition in paragraph 1 of the words "sued as (the name stated on the Writ of Summons)".
4. Where the Defendant is a FIRM and an attorney is not instructed, the form must be completed by a PARTNER by name, with the addition in paragraph 1 of the description "Partner in the form of (.....)" after his name.
5. Where the Defendant is sued as an individual TRADING IN A NAME OTHER THAN HIS OWN, the form must be completed by him with the addition in paragraph 1 of the description "trading as (.....)" after his name.
6. Where the Defendant is a LIMITED COMPANY the form must be completed by an Attorney or by someone authorized to act on behalf of the Company, but the Company can take no further step in the proceedings without an Attorney on its behalf.
7. Where the Defendant is a MINOR or a MENTAL PATIENT, the form must be completed by an Attorney acting for a guardian ad litem.
8. The Defendant acting in person may obtain help in completing the form at the Court Office.

Service of the Writ is acknowledged accordingly.

(Signed).....  
Attorney for

**Please complete overleaf**

**Notes on address for service**

Attorney: where the Defendant is represented by an attorney, state the attorney's place of business in the Cayman Islands. A Defendant may not act by a foreign attorney.

Defendant in person: where the Defendant is acting in person, he must give his post office box number and the physical address of his residence or, if he does not reside in the Cayman Islands, he must give an address in Grand Cayman where communications for him should be sent. In the case of a limited company, "residence" means its registered or principal office.

Indorsement by plaintiff's Attorney (or by plaintiff if suing in person) of his name, address and reference, if any, in the box below.

H. Phillip Ebanks  
Attorney-at-Law  
62 Hospital Plaza, George Town, PO  
Box 30422, Grand Cayman, KY1-1202,  
Cayman Islands

Indorsement by defendant's Attorney (or by defendant if suing in person) of his name, address and reference, if any, in the box below.

**IN GRAND COURT OF THE CAYMAN ISLANDS**

**CAUSE NO:** *G0052* **OF 2014**

**BETWEEN**

**SARAH PARCHMENT**

**Plaintiff**

**AND**

**MARK RAE SMITH**

**Defendant**

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**STATEMENT OF CLAIM**

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1. At all material times:
  - 1.1 The Plaintiff was the driver of a Mitsubishi SUV motor vehicle Registration Number 81405.
  - 1.2 The Defendant was the driver of a Toyota Tundra motor vehicle Registration Number 98058.
  
2. On 15 February 2013 the Plaintiff was driving her motor vehicle on along Marina Drive when the Defendants motor vehicle, travelling in the same lane and direction of travel, drove into the rear of the Plaintiff's motor vehicle. As a result of the collision the Plaintiff sustained injury, loss, damage, pain and suffering and considerable inconvenience.
  
3. The accident was caused by the Defendant's negligence.
  
4. At the scene of the accident the Defendant admitted liability.
  
5. The Defendant was negligent in that he:

## **PARTICULARS OF NEGLIGENCE**

- i. drove too fast in all the circumstances;
- ii. failed to see the Plaintiff's motor vehicle in sufficient time to avoid colliding with or at all;
- iii. Failed to stop, slow down, swerve, or steer in any other way so to control his said vehicle so as to avoid the said collision.
- iv. Drove into the rear of the Plaintiff's vehicle when to do so was a breach of the Highway Code and the basic standards of driving;
- v. Drove in such a way as to place other road users in danger, in particular the Plaintiff;
- vi. Drove without any, or any proper, consideration for the rules of the road, in particular by failing to leave enough room between his and the Plaintiff's vehicle, inter alia, contrary to the provisions of the Highway Code;
- vii. In the premises, drove without due care and attention and due consideration for other road users, in particular the Plaintiff.

6. By reason of the aforesaid matters the Plaintiff (born on the 8 July 1971), sustained injuries and suffered distress, discomfort, inconvenience, loss, pain and suffering and damage.

## **PARTICULARS OF INJURY**

- i. pro-lapsed disc and compression of the right sciatic nerve;

- ii. mechanical back pain with associated joint facet inflammation;
- iii. tenderness over the lumbar spine;
- iv. cervical spine facet joint inflammation;
- v. muscle wasting right calf;
- vi. migraine attacks;
- vii. disturbed sleep pattern;
- viii. parestheisa and numbness along right side

Further particulars of the Plaintiff's injuries are set out in the medical report of Dr. James Akinwunmi dated 19<sup>th</sup> June 2013 is annexed hereto.

**PARTICULARS OF SPECIAL DAMAGE**

i. Physiotherapy costs	KYD 2205.00
ii. Loss of wages	KYD 22,000.00
iii. Employment of replacement teacher	KYD 5,935.60
iv. Pain killers and medication	KYD 2,000
v. Travelling expenses	KYD 450.00
vi. Housekeeper employment	KYD 4625.00
vii. Preparation of Medical Report	KYD 2400.00
viii. Radiology costs	KYD 960.00
ix. Airline Tickets for Rose Radiology	KYD 756.92
x. Rental car Rose Radiology	KYD 153.60
xi. Work Permit Fee	KYD 170.00
xii. Miscellaneous Expenses	KYD 1000.00
<b>TOTAL</b>	<b>KYD 42,656.12</b>
xiii. Estimated costs of surgery	KYD 18,000.00

The Plaintiff also claims interest on the said sum owing at the rate of 2 3/8% per annum.

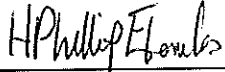
**STATEMENT REGARDING INTEREST**

7. a) The Plaintiff seeks pre and post judgment interest from the date of issue of this Writ of Summons in accordance with the provisions of the Judicature Law (2007 Revision) and the Judgment Debt (Rates of Interest) Rules as amended from time to time.
- b) The interest rate claimed as per the Judgment Debt (Rates of Interest) Rules at 2 3/8% per annum.
- c) Interest is claimed from the date of issue of this Writ.
- d) Interest accrues at KYD3.95 per day from the date of issue of this Writ.

**AND THE PLAINTIFF CLAIMS:**

- (i) Damages
- (ii) Pre and post judgment Interest on the sum claimed in accordance with the Judicature Law (2007 Revision) and the Judgment Debt (Rates of Interest) Rules as amended from time to time.
- (iii) Costs plus filing fees and bailiffs fee for service

Dated this 9<sup>th</sup> day of April 2014

  
\_\_\_\_\_  
H Phillip Ebanks,  
Attorneys at Law for the Plaintiff

**MEDICAL REPORT**

**ON**

**Mrs Sarah Parchment**

**DOB**

**8<sup>th</sup> July 1971**

**AT THE REQUEST OF**

**Ian Mercer  
Attorney-at- Law**

**DATE OF REPORT**

**19<sup>th</sup> June 2013**

**PLACE OF EXAMINATION**

**Chrissie Tomlinson Memorial Hospital  
Georgetown Grand Cayman**

Medical Report on:

I, Mr James Akinwunmi, declare that:

1. I understand that my overriding duty in preparing this report and giving evidence is to the Court rather than the party who engaged me;
2. I have endeavoured in my report and in my opinion to be accurate and cover all relevant issues concerning the matters stated, of which I have been asked to address;
3. I have endeavoured to include within this report those matters which I have knowledge of, or of which I have been made aware, that might adversely affect the validity of my professional opinion;
4. I have indicated within this report all sources of information used in its completion;
5. I have indicated within my report the identity of any person, other than myself, who has carried out tests or experiments that have been relied upon in its completion, including their qualifications and experience
6. I have not, without forming- an independent view, included or excluded any information that has been suggested to me by others
7. I will notify those who have engaged me immediately in writing of any reason my existing report require correction or qualification;
8. I have attached to my report
  - a) All written instructions given to me;
  - b) A note of any oral instructions given to me;
  - c) Any supplemental instructions given to me since the original instructions were given;
9. I understand that my report subject to any correction before swearing as to its will form the evidence to be given under oath or affirmation,
10. I confirm that I have not entered into any arrangement between parties whereby the amount of payment in respect of my fee is dependent upon the outcome of the case,

11. I confirm that my report contains a comprehensive summary of the conclusions reached and includes any relevant pre-accident medical information and history, treatment received and present condition, dealing in particular with the capacity for work (where appropriate) and giving a full prognosis. I have fully assessed the claimant's injuries to establish the extent and duration of any continuing disability and impact on daily living in my opinion;
12. I conclude that the contents of my report are true to the best of my knowledge and belief;
13. 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.

Signed

A handwritten signature in black ink, appearing to be 'J. Akinwunmi', written over a horizontal line.

.....

I am James Akinwunmi; I am a registered Medical Practitioner and hold the Degrees of Bachelor of Medicine and Bachelor of Surgery. I am a Fellow of the Royal College of Surgeons. I am also a Fellow of the Royal (Intercollegiate) College in Surgical Neurology. I am registered with the General Medical Council and I am also on the Specialist Register for Surgical Neurology (UK).

I have been in full-time medical practice since 1987 and in full-time neurosurgical practice since 1995. In addition to my medical qualifications, I am on the Register for Expert Witnesses.

I have been asked to examine Mrs Sarah Parchment and report on the injuries she sustained as a result of a road traffic accident on February 15<sup>th</sup> 2013. I have also been asked to review the treatment received, her present condition and the duration of any continuing disability and to comment on her capacity to work.

I have also been asked to comment on her relevant pre-accident medical history. I believe my experience and continued medical practise allows me to fulfil these instructions.

## List of documents provided.

1. MRI scans.
2. Medical records from Chrissie Tomlinson Memorial Hospital.

### 1. History of Events:

- 1.1 On February 15<sup>th</sup> 2013, Mrs Parchment states that she was involved in a road traffic accident (RTA), at approximately 5pm; she was the driver of her sports utility vehicle (SUV) on Mariner drive, when she was struck from behind whilst slowing down for another vehicle in front of her. Mrs Parchment was wearing a seatbelt and her car was fitted with headrest. Mrs Parchment states that her car was deemed a right off.
- 1.2 Mrs Parchment was able to extract herself from her car and to exchange details with the other driver before going home.
- 1.3 However, Mrs Parchment states that she immediately developed lower back and right leg pain, which required her to take analgesics. She also experienced upper back and abdominal pain; Mrs Sarah Parchment therefore sort chiropractic treatment from Dr Khan.
- 1.4 Despite this treatment Mrs Parchment claims that she continues to have persistent symptoms.
- 1.5 Prior to the indexed accident, Mrs Parchment claims that in or around the months of December 2011 and January 2012, she developed lower back

and right leg pain. An MRI was performed in February 2012, which showed that Mrs Parchment was suffering from a disc prolapse, resulting in lower back pain and right leg sciatica.

1.6 At this time Mrs Parchment states that she was treated under the care of Dr Herzig and underwent two episodes of spinal injections. The first treatment gave Mrs Parchment approximately 50% pain relief.

1.7 The second injection gave her 70-80% relief. Thereafter her pain subsided and she became asymptomatic until the indexed accident.

1.8 Following the indexed accident, Mrs Sarah Parchment states that she saw Dr Stanley who reviewed her in February 2013 (clinical notes not provided) with the presenting complaint of right leg pain (sciatica) and back pain; she was advised to have physiotherapy.

1.9 Mrs Parchment underwent physiotherapy and acupuncture treatment as well as given analgesics. She also had an MRI scan (on 15<sup>th</sup> March 2013); this revealed a disc prolapse causing compression of the sciatic nerve on the right and producing her right leg pain.

## **2. Current Problems:**

2.1 Neck pain. This has improved somewhat over time. Mrs Parchment puts her discomfort at 5/10 on a pain score of 0 to 10, (0= no pain, 10=worse pain that can be endured).

- 2.2 Migraine headaches – this is related to her neck pain.
- 2.3 Lower back pain. Mrs Parchment states that this is constant at a level of 7/10.
- 2.4 Right sciatica (leg pain), this is worse on sitting, which makes driving and performing domestic chores difficult. She also experiences paraesthesia and numbness, which extends down to Mrs Sarah Parchment's foot.
- 2.5 Disturbed sleep due to back and right leg pain.

### **3. Past Medical History**

- 3.1 As documented above Mrs Parchment states that she has suffered from spontaneous back and leg pain in the past, starting around December 2011 to January 2012. She had been treated with conservative measures, which resulted in complete resolution of her leg pain until her indexed injury.
- 3.2 As reported by Mrs Parchment above in paragraphs 1.5, 1.6 and 1.7, she has had a previous episode of sciatica and back pain in February 2012; during this period she underwent an MRI scan which showed that she had a right side disc prolapse at L5/S1. Mrs Parchment had two nerve blocks that resulted in resolution of her leg pain.

#### **4. Work Related Activities**

4.1 Mrs Parchment is a self-employed and the proprietor of the Montessori nursery school on Crewe Road.

4.2 Since the indexed accident Mrs Parchment had been required to employ one extra staff member, as she has needed to reduce her own involvement, as a result of the pain (primarily her leg pain) experienced following the accident.

4.3 Mrs Parchment has reduced her working hours, she now only works from 8am-1pm. Before the injury Mrs Parchment worked from 8:00am to 3:30pm and regularly works until 5pm.

#### **5. Domestic Activities:**

5.1 Mrs Parchment is married with one child aged 4 years.

5.2 Due to her pain (especially her leg pain) certain physical activities are difficult; these include bending, sitting, lifting and moderate periods of standing. Therefore Mrs Parchment has difficulty carrying out the following domestic functions:

- A. Dressing her daughter, as it is difficult for Mrs Parchment to bend.
- B. Playing with her daughter.
- C. Difficulty dressing herself especially putting on shoes and trousers.

5.3 Mrs Parchment has had to employ a domestic helper to clean her home, and carry out the laundry and other domestic chores etc.

## **6. Social Activities**

6.1 Mrs Parchment no longer takes yoga classes, she has stopped taking leisure walks and going to restaurants.

## **7. Driving Activities**

7.1 Driving is a problem insofar as Mrs Sarah Parchment has pain on sitting which increases her leg pain.

## **8. Examination:**

8.1 Throughout the consultation Mrs Parchment had difficulty seating down and frequently shifted her position to alleviate her right leg pain. This is a typical clinical symptom in patients who have nerve compression secondary to a disc prolapse.

8.2 Power (apart from plantar flexion), tone and reflexes in her legs was normal. I could find no evidence of numbness in her legs. Sciatic stretch test was positive in her right leg, which strongly indicates compression of the sciatic nerve secondary to a disc prolapse.

8.3 Planter flexion of the right ankle also produced pain in her right calf muscle, which is also indicative of sciatic nerve compression. Mrs

Parchment had mild wasting of the right calf muscle with associated weakness of planter flexion of her right ankle; which is an indication of potential nerve damage.

8.4 Palpation of her lumbar spine revealed tenderness over the L3/4 to L5/S1 facet joints bilaterally.

8.5 Anterior flexion of the lumbar spine was restricted to 30 degrees. Lateral flexion was full and relieved her pain to some degree; rotation of her lumbar spine was also uncomfortable but Mrs Parchment had full range of motion. These finding suggest that Mrs Parchment has mechanical back pain as a result of facet joint inflammation, which has most likely been aggravated by the indexed accident.

8.6 The examination of her cervical spine did not reveal any neurological signs of nerve compression or neurological deficits. Power, tone and reflexes were normal in her upper limbs.

## **9. Review of medical records.**

9.1 29<sup>th</sup> March 2008 Mrs Sarah Parchment is noted to have suffered from back pain with reduction in flexion of her lumbar spine. She was referred for physiotherapy as it was thought that she was suffering from muscle spasm. No further documentation was found relating to spinal symptoms until she presented with sciatica in February and March 2012.

- 9.2 22<sup>nd</sup> March 2012-clinical notes from Dr Herzig, Mrs Sarah Parchment presented with right leg pain and a disc prolapse noted on MRI scanning. He notes the symptoms started back to December 2011, as a result of carried her daughter across the street. He also notes that Mrs Sarah Parchment has had intermittent lower back discomfort since 2009.
- 9.3 Mrs Sarah Parchment was treated by Dr Khan, Chiropractor (notes not included) with no relief of her right leg pain. Dr Herzig reviewed her MRI scans of 17<sup>th</sup> February 2012 and offered her a nerve block to treat her nerve root compression identified on this scan.
- 9.4 27<sup>th</sup> March 2012 underwent nerve blocks of L4, L5 and S1 on the right.
- 9.5 26<sup>th</sup> May 2012 Dr Herzig notes a period of 6 weeks of pain relief following these blocks. He suggests a further block of L5 and S1.
- 9.6 12<sup>th</sup> March 2013 Dr Herzig reviews Mrs Sarah Parchment following a road traffic accident on 15<sup>th</sup> February 2013, and notes that she has developed whiplash and spinal pain he notes that she has been pain free since her last review by him.

**10. Review of radiology:**

- 10.1 Review of Mrs Parchment's MRI scan from 17 February 2012 revealed evidence of dehydration of the L4/5 and L5/S1 discs. I note a disc space below the L5/S1, which I believe is a well-developed S1/2 disc.

- 10.2 There is a right-sided disc prolapse (with a sequestered fragment lying behind the body of S1) to the right compressing the right S1 nerve root.
- 10.3 MRI scan (lumbar spine) of 15<sup>th</sup> March 2013 shows persistence of disc dehydration of the L4/5 and L5/S1 discs. This is to be expected and is normal in the general population at this age. This represents normal age related degeneration, which tends to appear at the average age of 33 years.
- 10.4 The L5/S1 disc prolapse is of a greater degree than what was seen on the previous scan of February 2012. As such there has been progression of the disc prolapse following the indexed injury.
- 10.5 MRI scans of the cervical spine from 15 March 2013 shows reduction in the normal lordosis. There is no evidence of disc herniation or nerve root compression. There is evidence of facet joint inflammation from the C2/3 to C6/7 joints.
- 10.6 These findings suggest that Mrs Sarah Parchment is suffering from a whiplash injury as indicated by the loss of lordosis. The facet joint inflammation can produce muscle spasm and neck pain and is a useful target for treatment of her neck pain in the form of cervical facet joint injections.

## **11. Diagnosis**

- 11.1 Recurrent L5/S1 disc prolapse with compression of the right S1 nerve root producing right leg sciatica.
- 11.2 Mechanical back pain with associated lumbar facet joint inflammation and disc dehydration.
- 11.3 Cervical spine facet joint inflammation with associated reduction in cervical spine lordosis. These changes are associated with neck pain.

## **12. My opinion:**

- 12.1 Mrs Parchment has had previous sciatica due to a spontaneous L5/S1 disc prolapse in February 2012. This was treated with conservative measures with complete resolution of her symptoms of leg and back pain.
- 12.2 Following the indexed injury Mrs Parchment developed immediate lower back and leg pain. This was associated with a large disc prolapse at L5/S1, which is larger than previously diagnosed.
- 12.3 It is my opinion that the recurrent symptoms are as a direct result of the indexed accident causing another disc herniation and renewed symptoms of right leg pain as a result of nerve compression from this disc prolapse.

- 12.4 It is therefore my opinion that Mrs Parchment sustained a disc prolapse as a direct result of the indexed accident. Had she not been involved in this accident it is possible that she would have remained asymptomatic.
- 12.5 Mrs Parchment's symptoms of neck pain and headaches are also most likely directly due to the indexed injury. The MRI scan showed marked evidence of facet joint inflammation, which is the likely aetiology of her neck pain and in turn secondary headaches.
- 12.6 Mrs Parchment has reduced her physical activity both domestic and professionally to cope with her on-going symptoms. It is my opinion that the physical limitations are in keeping and appropriate with her sciatic (leg) pain, which is the main area of pain.
- 12.7 It is my opinion that the accident did produce an acute disc herniation. Physical forces on the body resulting in axial loading on the spine or acceleration/ deceleration injuries can produce a disc herniation.

## TREATMENT

- 12.8 It is advisable that Mrs Parchment be considered for surgical decompression of the lumbar disc prolapse. Although she has fared well in the past with conservative management for her previous disc prolapse, I would advise against this mode of treatment, as Mrs Parchment has weakness and mild muscle wasting of her calf muscle, which is directly innervated by the compressed S1 nerve root.

- 12.9 Therefore the best chance of nerve recovery is nerve root decompression by way of surgical discectomy (removal of the disc prolapse).
- 12.10 It has been 4 months since the indexed injury and therefore it is my opinion that Mrs Parchment has an 80-90% chance of neurological recovery and symptomatic relief/recovery with surgery.
- 12.11 Further assessment and prognosis will need further review following surgery to assess the effect on her pain and physical function 6-12 weeks following surgery.
- 12.13 The risks of surgery are risk to life 1-2 per million operations; infection, paralysis, haemorrhage, bladder and bowel dysfunction, the latter risks are estimated at less than 1% chance individually.
- 12.13 The total cost of this surgical treatment in the Cayman Island is approximately CI\$18000.00.
- 12.13 Other modes of treatment for her sciatica would be physiotherapy and a S1 nerve root block. All patients with sciatica and a positive scan should be offered this alternative treatment. However my concerns with these treatment options, in this specific instance, are that they do not relieve the nerve entrapment and therefore may result in permanent, or prolonged damage and therefore chronic pain in Mrs Parchment's case.

12.14 Mrs Parchment already has signs of weakness and muscle wasting which are physical signs that would indicate the need for surgery. As such it is my opinion that surgery will provide the quickest and the best chance of recovery of her leg pain.

12.15 Mrs Parchment's neck pain and headache should be treated with physiotherapy and with facet joint injections if her neck pain is not control with physiotherapy. There is no indication for surgery for these symptoms.

### **13. Prognosis.**

13.1 Mrs Sarah Parchment's best chance of pain relief is surgery.

13.2 At the moment her symptoms are physically restricting her social and professional life style. The level of hindrance is appropriate to her symptoms and is mainly due to the lumbar disc prolapse.

13.3 The prognosis in my opinion is good. That is I believe that Mrs Sarah Parchment is likely to be pain free with surgical decompression.

13.4 This is likely to return Mrs Sarah Parchment to her normal pre-accident level of physical activity. As stressed above further assessment is required after surgery to assess the degree of pain relief, at 6-12 week following treatment.

13.5 Mrs Sarah Parchment neck pain and headaches are causing less of a problem and in my opinion is not a significant reason for her physical disabilities.

#### 14 **Conclusions.**

##### **Causation**

14.1 It is my opinion that the cause of the disc prolapse is as a result of the indexed accident. Mrs Sarah Parchment gave a history of sciatica and a disc prolapse prior to this time, which was successfully treated with conservative management.

14.2 The disc prolapse is evidence on MRI scanning following the accident and is larger than the disc identified on her previous scans from February 2012. Therefore it is my expressed opinion that the accident produced the disc prolapse and the immediate symptoms of sciatica that still persists.

14.3 Mrs Sarah Parchment physical restrictions are appropriate and directly related to her right leg sciatica.

## **Prognosis.**

- 14.4 In my opinion, Mrs Sarah Parchment has a good chance (>80%) of significant pain relief following surgery to decompress her right S1 nerve root. Successful surgery will in my opinion allow for her return to near normal if not normal professional and domestic activities.
- 14.5 This should be further assessed in 6 -12 weeks following surgery.
- 14.6 Conservative management alone is not likely to have this affect. Hence surgery should be contemplated sooner rather than later to achieve the most optimal results.
- 14.7 Mrs Sarah Parchment's neck pain and headache are related to her whiplash injury. I have advised facet joint injections and physiotherapy. At the moment her neck symptoms are not major contributing factors to her clinical symptoms and physical limitations.
- 14.8 Mrs Parchment has a good chance of a full recovery of her leg pain with early surgical treatment and a return to her normal professional and domestic life.

14.9 I therefore do not believe that Mrs Parchment is at a disadvantage to continuing in gainful employment, but this should be assessed 6-12 weeks following surgery. At this time a prognosis as to any continuing symptoms can be assessed with better clarity.

14.10 Therefore at present I believe the prognosis to be good and a full return to normal activities likely with surgical intervention.

**15. Summary.**

15.1 Mrs Parchment has been involved in a RTA that resulted in the development of a disc prolapse and leg pain.

15.2 It is my opinion that this accident caused a recurrence of her disc prolapse producing her symptom of sciatic which are preventing her for living a normal professional, social and domestic life.

15.3 It is also my view that surgery is the most appropriate and the most likely to help resolve Mrs Parchment's symptoms. Assessment of the results of surgery is best reviewed at 6-12 weeks following surgery.

15.4 It is my opinion that Mrs Parchment will be able to continue in gainful employment if treatment is successful.

- 15.5 Conservative management has been successful in the past, but this is inappropriate due to the presence of muscle weakness and wasting in her right leg.
- 15.6 It is also my opinion that persistent pain is a possibility especially given her previous episode of nerve compression, but as commented earlier this will need to be assessed 6-12 weeks following treatment.
- 15.7 Possible reasons for persistent pain are, previous nerve entrapment, prolonged nerve compression and delayed treatment. If this was to be the case Mrs Parchment will be restricted in the ability to continue in gainful employment.
- 15.8 At present Mrs Parchment's symptoms are directly related to the indexed accident. These consisted of neck pain, headaches, back pain and leg pain. It is her leg pain that is producing the majority of her symptoms and physical restrictions.

I confirm that the facts in my report are with my own knowledge. I have made clear which they are and I believe them to be true, and that the opinions I have expressed represent my true and complete professional opinion. I understand that my duty in writing this report is to the Court on the matters within my expertise. I understand that my duty overrides my obligation to the person from whom I have received instruction, or by whom I am paid. I confirm that I have complied with the duty in writing my report. I confirm that the contents of my report are true to the best of my knowledge and belief.



.....  
**Mr James Akinwunmi FRCS (Ed), FRCS (SN)**  
**Consultant Neurosurgeon**