ASSOCIATE PROFESSOR BO POVLSEN

Emeritus Consultant Orthopaedic Surgeon
Guy's & St Thomas' Hospitals NHS Trust
GMC no. 3579329

Consultant Orthopaedic Surgeon
London Bridge Hospital

Medico-Legal Secretary: 020 7357 8845
Email: povlsenM-L@btconnect.com
Fax: 020 8777 2662

Correspondence Address
19 Arragon Gardens
West Wickham
Kent BR4 9LJ

Private Consulting Rooms:
London Bridge Hospital
27 Tooley Street
London SE1 2PR

Please reply to Correspondence Address

TO THE COURT

MEDICAL REPORT ON XXX

DATE OF REPORT : XXX

DATE OF EXAMINATION : XXX

DATE OF INJURY : XXX

FULL NAME	XXX
ADDRESS	XXX XXX XXX
DATE OF BIRTH	XXX
REPORT REQUESTED BY	XXX XXX XXX XXX XXX
REFERENCE	XXX

EXPERT'S DECLARATION

I, Bo Povlsen, have been a Consultant Orthopaedic Surgeon, since I was appointed to Guy's & St Thomas' NHS Trust on 1st July 1995 and remain in active non-NHS clinical practice since July 2014. I have been a member of the British Elbow and Shoulder Society since 1995**.** I am also an Associate Professor in Hand Surgery from the University of Linkoping, Sweden, since 2nd June 1998. I am actively involved in hand and upper limb research since 1990 with more than 60 published scientific articles and I lecture nationally and internationally both to students, junior doctors and fellow consultants.

I understand my duty is to the Court and the following opinion has been compiled with the duty rule (rule 35,10(2)). I understand the Experts duty is to help the Court on matters within my expertise.

I understand that my duty as an Expert Witness is to the Court. I have complied with that duty. This report includes all matters relevant to the issues on which my expert evidence is given.

I have given details in this report of any matters which might affect the validity of this report.

The contents of the report are true to the best of my knowledge and belief.

STATEMENT OF TERMS OF REFERENCE

This report was requested on behalf of the xxx by xxx Solicitors, for the purpose of preparing a medico-legal opinion in connection with a claim for damages by xxx arising out of an accident on xxx 2014.

DATE / PLACE OF EXAMINATION

xxxx 2015 at London Bridge Hospital, Tooley Street, London.

CLAIMANT SEEN ALONE

PHOTOGRAPHIC IDENTIFICATION SEEN: UK Passport (Copy taken)

NUMBER OF REPORT

One

DOCUMENTATION AVAILABLE (APPROXIMATELY 300 PAGES)

HOSPITAL NOTES

A&E Department, St Elsewhere

26.07.14 @ 19:37

A&E Department, St Elsewhere

27.07.14 @ 20:08

Surgery Details, St Elsewhere

29.07.14 Bilateral distal radial open reductions & internal fixation

Handwritten Post-Operative Notes

First entry: 29.07.14 Last entry: 30.07.14

Department of Trauma & Orthopaedics, St Elsewhere

First entry: 08.08.14 Last entry: 24.04.15

Osteopath Notes

First entry: 03.09.14 Last entry: 20.03.15

Last treatment: 24.09.12

GP NOTES

First entry: 28.04.71 Last entry: 28.10.14

X-RAYS/SCANS

26.07.14	X-rays & report, left wrist
26.07.14	X-ray report, right wrist
26.07.14	X-ray report, left hand
26.07.14	X-ray report, left knee
28.07.14	X-ray report, both wrists
29.07.14	X-rays, both wrists
08.08.14	X-rays, both wrists
12.09.14	X-rays, both wrists
07.10.14	CT report, left wrist
08.06.15	X-rays & report, both wrists

PERSONAL DETAILS (According to Claimant)

DEXTERITY

Right.

SOCIAL STATUS

Married with no dependent children. Lives in a house.

PRE-ACCIDENT OCCUPATION

xxxx

PRESENT OCCUPATION

As before.

PRE-ACCIDENT HOBBIES

Going to the gym, gardening, artistic painting and pottery.

SMOKER

No.

PREVIOUS MEDICAL HISTORY (According to Claimant)

MEDICAL

None.

SURGICAL

10 years ago had an ovarian cyst; full recovery.

2 caesarean sections in the past; full recovery.

INJURY

No.

LITIGATION

No.

INCAPACITY/DISABILITY BENEFITS

None.

HISTORY OF INJURY (According to Claimant)

DATE OF INJURY

xxxx 2014.

MECHANISM OF INJURY

Fell on to both wrists.

IMMEDIATE SYMPTOMS

Pain in both wrists.

TREATMENT (According to Claimant)

INITIAL TREATMENT

26.07.14 – A&E Department, St Elsewhere

X-ray of both wrists confirmed fractures and Claimant was placed in plaster of Paris.

SUBSEQUENT TREATMENT

27.07.14 – A&E Department, St Elsewhere (Local hospital)

Reassessed and orthopaedic review recommended surgery.

29.07.14 – Surgery

Open reduction and internal fixation to both distal radius fractures.

Continued to be followed up in the Fracture Clinic at St Elsewhere.

24.04.15

Claimant seen by xxxx Consultant Orthopaedic Hand Surgeon.

Claimant was seen and suggested to have a test injection of local anaesthetic in the left arm to assess the possible benefit of a left wrist denervation.

PHYSIOTHERAPY SESSIONS

Approximately 10 in total.

AREAS OF NEGLIGENCE AND CAUSATION

I cannot comment on this as I have not seen any post-operative x-rays.

PRESENT COMPLAINTS (According to Claimant)

PAIN (Maximal)	**Right Wrist**	**Left Wrist**
Rest (VAS 0-10)	0	0
Activity (VAS 0-10)	5	5

Particularly when lifting and bending, more so left than right

LOSS OF MOVEMENT

Yes, in the left wrist.

DECREASED SENSATION

No.

MENTAL STATE

Low mood but not depressed.

PRESENT MEDICATION

None.

EFFECTS OF COMPLAINTS (According to Claimant)

DOMESTIC ACTIVITIES

Can do all things but it takes longer and it causes pain. The Claimant has less endurance than in the past. Has not returned to gardening yet.

WORK ACTIVITIES

Not affected.

CLINICAL EXAMINATION

GENERAL APPEARANCE **BEIGHTON SCORE (Ref 1)**

Normal. 0/9.

USE OF AIDS

Futura splint at night time on the left wrist.

OBSERVATIONS

Longitudinal volar scar on both wrists. No signs of neuromas. No signs of sinuses or underlying ongoing infection.

CLINICAL ELBOW TESTS

	RIGHT	LEFT
NERVES		
RADIAL		
Tinel	Negative	Negative
ULNA		
Reverse Phalen	Negative	Negative
Tinel	Negative	Negative
BONE TENDERNESS ON PALPATION		
MEDIAL EPICONDYLE	Negative	Negative
LATERAL EPICONDYLE	Negative	Negative
LIGAMENTS		
MEDIAL COLLATERAL LIGAMENT		
Instability	Negative	Negative
Pain on test	Negative	Negative
Tendons		
Biceps		
Tenderness on palpation	Negative	Negative
Weakness	Negative	Negative
Triceps		
Tenderness on palpation	Negative	Negative
Weakness	Negative	Negative
JOINTS		
PROXIMAL RADIO-ULNA		
Tenderness on palpation	Negative	Negative
Crepitus	Negative	Negative
Pain on passive movement	Negative	Negative
ULNO-HUMERAL		
Tenderness on palpation	Negative	Negative
Crepitus	Negative	Negative
Pain on passive movement	Negative	Negative

CLINICAL WRIST TESTS / FINDINGS

	RIGHT	LEFT
NERVES		
MEDIAN NERVE		
Phalen	Negative	Negative
Tinel	Negative	Negative
JOINTS		
CARPO-METACARPAL 1		
Tenderness	Negative	Negative
Crepitus	Negative	Negative
Pain on passive movement	Negative	Negative
WRIST		
Tenderness	Positive	Positive
Crepitus	Positive	Positive
Pain on passive movement	Positive	Positive
DISTAL RADIO-ULNA (DRUJ)		
Tenderness	Negative	Negative
Crepitus	Negative	Negative
Pain on passive movement	Negative	Negative
LIGAMENTS		
Ulna Collateral MCPJ 1		
Instability	Negative	Negative
Pain on test	Negative	Negative
Triangular Fibro Cartilage Complex		
Pain on test	Negative	Negative
Instability	Negative	Negative
Scapho-Lunate (KWST)		
Pain	Positive	Positive
Instability	Positive	Positive
TENDONS		
1st ext. Compartment tenderness	Negative	Positive
Finkelstein's test	Negative	Positive
BONE TENDERNESS		
Scaphoid "snuff box"	Positive	Positive
Radius "styloid"	Positive	Positive
Ulna "styloid"	Negative	Negative
GRIP STRENGTH (Newton)		
Chuck (whole hand) - Jamar (3)	**50**	**30**
Pinch (thumb-index)	**10**	**11**

SPECIFIC UPPER LIMB EXAMINATION:

	ACTIVE		PASSIVE	
	Right	**Left**	**Right**	**Left**
Elbows				
Extension	0-90	0-90	0-90	0-90
Flexion	0-70	0-70	0-70	0-70
Wrists				
Extension	0-45	0-30	0-45	0-30
Flexion	0-40	0	0-40	0
Pronation	0-90	0-90	0-90	0-90
Supination	0-90	0-45	0-90	0-45
Deviation: Radial-Ulna	10-20	10-0	10-20	10-0

FINGERS

	RIGHT					LEFT				
	1	**2**	**3**	**4**	**5**	**1**	**2**	**3**	**4**	**5**
MCP	0-45	0-90	0-90	0-90	0-90	0-45	0-90	0-90	0-90	0-90
IP/ PIP	0-90	0-110	0-110	0-110	0-110	0-90	0-110	0-110	0-110	0-110
DIP		0-80	0-80	0-80	0-80		0-80	0-80	0-80	0-80

REVIEW OF X-RAYS/SCANS

26.07.14 – X-ray report, left wrist

There is an intraarticular fracture with volar displacement.

26.07.14 – X-ray report, right wrist

There is an intraarticular fracture with volar displacement.

26.07.14 – X-ray, left knee

No bony injuries seen.

28.07.14 – X-rays, right and left wrists

Both x-rays performed with the wrists in a cast, showing intraarticular volar Barton fractures.

29.07.14 / 08.08.14 / 12.09.14 – X-rays, both wrists

All images show internal fixation with malunion in both wrists.

07.10.14 – CT report, left wrist

Comminuted malunion fracture of distal radius with volar subluxation and scapholunate widening.

08.06.15 – X-rays & report, both wrists

AP, Lateral and Oblique views.

Right Wrist:

The x-ray report reads the following, "*The distal radius fracture has united, there is loss of distal radio ulna joint space*" (My note: this means arthritis*). "There is widening of the scapholunate interspace"* (My note: this is due to ligament injury). *"There is moderate loss of joint space at the 1st carpometacarpal and 1st metacarpophalangeal joint articulation"* (My note: that means arthritis). *"Carpometacarpal joint space is otherwise preserved."*

Left Wrist:

The x-ray report reads the following, "*The distal radius fracture has healed. There is minor loss of distal radio ulna joint space"* (My note: this means arthritis). "*There is loss of radiocarpal joint space"* (My note: this means arthritis in the wrist joint). "*There is moderate 1st ray carpometacarpal and metacarpophalangeal degenerative changes."*

REVIEW OF GP NOTES

First entry: 28.04.71 Last entry: 28.10.14

According to the GP notes the Claimant did not have any pre-existing pathology in her upper extremities prior to the index injury.

The Claimant has had a previous transient global amnesia in 2010 and left salpingoophorectomy in 2001 after which she was given hormone replacement therapy.

REVIEW OF HOSPITAL NOTES

A&E Department, St Elsewhere

26.07.14

Claimant seen after a fall on to both wrists. X-rays confirmed a fracture to both wrists that were placed in a cast and no bony injury to the left knee.

As the Claimant was on vacation the care was transferred to her local hospital.

A&E Department, St Elsewhere

27.07.14

Claimant seen where review and new x-rays were performed and the Claimant's care was transferred to the Orthopaedic Team.

After review by the Orthopaedic Team the Claimant was admitted in preparation for surgery with open reduction and internal fixation.

29.07.14

Claimant operated for bilateral distal radial fracture with open reduction and internal fixation. The position was checked with per-operative x-rays.

Department of Trauma & Orthopaedics, St Elsewhere

First entry: 08.08.14 Last entry: 09.01.15

The Claimant was subsequently followed up in the Orthopaedic Department with good gradual improvement in the function of the right wrist but persistent problems in the left.

The last available note was from 9th January 2015 which confirmed ongoing problems and further review was scheduled for three months later.

According to the Claimant she was seen on 24th April 2015 at which stage further intervention was discussed, but I have no notes from that date.

Osteopathy Notes

First entry: 03.09.14 Last entry: 20.03.15

Claimant last seen on 9th December 2014 at which stage the Claimant had received eight sessions of rehabilitation with ongoing problems, particularly in the left wrist.

SUSPECTED DIAGNOSES

(Based on history, clinical examination, medical notes and imaging at the time of report)

Bilateral intraarticular distal radius fracture requiring open reduction and internal fixation.

Possible mal-union, arthritis and ligament injury in both wrists, post injury.

FURTHER TREATMENT

SURGERY

I cannot comment on this as I have not seen any post-operative x-rays or indeed any updated x-rays which are required prior to deciding what might be required next.

NEED FOR FURTHER SPECIALIST REFERRAL

No.

COMPLAINTS PROGNOSIS

PAIN

I cannot comment on the pain prognosis without having seen updated x-rays of the right and left wrist as well as hospital notes from the last appointment on 24th April 2015.

LOSS OF FUNCTION/RANGE OF MOVEMENT

As above.

SUMMARY

(Based on history, clinical examination, medical notes and imaging at the time of report)

A right handed psychoanalyst suffered bilateral distal radius fractures on 26th July 2014. The Claimant required surgical intervention on 29th July 2014 with open reduction and internal fixation. The Claimant has clinical signs of degenerative changes and ligament injuries in both wrists, more so left than right and has significant restricted range of movement, particularly in the left wrist. According to the GP notes the Claimant did not have any pre-existing problems in her upper extremities prior to the index injury. The Claimant has continued to be followed up in the Orthopaedic Department at St Elsewhere and the last appointment was 24th April 2015, from

which I have no copies of notes but according to the Claimant an intervention is scheduled for the left wrist.

The Claimant has no significant restrictions in her occupation and was only off work for one week as the injury coincided with her holiday period. The Claimant is restricted in her leisure activities as she cannot carry anything heavy with either of her wrists and relies heavily on assistance from her husband/partner for such tasks.

OPINION

(Based on history, clinical examination, medical notes and imaging at the time of report)

I am of the opinion that based on the available notes, the Claimant did not have any pre-existing problems in either of her upper extremities prior to the index injury.

I am of the opinion based on the available documentation that the Claimant suffered significant bilateral distal radius fractures as a result of a fall on 26th July 2014.

I am of the opinion that the Claimant required surgery on 29th July 2014 as a direct result of the index injury to both her wrists.

I am of the opinion that the Claimant currently has significant problems in both her upper extremities, more so left than right.

I am of the opinion that I would need current x-rays, AP and Lateral views of both right and left wrist to comment on the development of any post-traumatic degenerative changes and the prognosis regarding further intervention.

I am of the opinion that the Claimant is currently significantly impaired in her activities of daily living, more so left than right.

I am of the opinion that the Claimant's x-rays confirm previous findings of extensive bilateral wrist fractures with no clear union in either wrist.

Further intervention is scheduled which will lead to a surgical intervention, on the balance of probability, of which the benefit is unlikely to be lasting but at best will help the Claimant in the short-term regarding pain in the left wrist.

I am of the opinion that the x-rays from 8th June 2015 confirm that the Claimant has developed degenerative changes in the left wrist and concur with the opinion when the Claimant saw xxxx, Consultant Orthopaedic Surgeon, who was considering performing a wrist denervation to the left wrist.

I am of the opinion, on the balance of probability, the left wrist denervation would help the Claimant for a couple of years but gradually further degeneration will occur and increased pain will develop which, on the balance of probability, will necessitate either a partial or total left wrist fusion.

Regarding the right wrist, the x-rays suggest that there is injury to the scapholunate ligament which will lead to progressive degenerative changes at this level and on the balance of probability, require further surgical intervention which could also require a partial or wrist fusion to the right wrist.

My opinion therefore is, on the balance of probability, the Claimant's current wrist pain in both right and left wrist, is likely to gradually increase and the Claimant will, on the balance of probability, require further surgical interventions over the next ten years.

RECOMMENDATIONS

That the Claimant is referred for updated x-rays as according to the Claimant, no imaging has been performed of either right or left wrist for the last six months and that I am given the opportunity to review these and the hospital notes from the appointment on 24th April 2015.

Expert's Declaration

I Bo Povlsen, Associate Professor in Hand Surgery, Consultant Orthopaedic Surgeon, DECLARE THAT:

1. I understand that my duty in providing written reports and giving evidence is to help the Court, and that this duty overrides any obligation to the party by whom I am engaged or the person who has paid or is liable to pay me. I confirm that I have complied and will continue to comply with my duty.

2. I am aware of the requirements of Part 35 of the Civil Procedure Rules, the accompanying Practice Direction and the Protocol for the Instruction of Experts to give Evidence in Civil Claims.

3. 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.

4. I have endeavoured to include in my report those matters, of which I have knowledge or of which I have been made aware, that might adversely affect the validity of my opinion. I have clearly stated any qualifications to my opinion.

5. I have shown the sources of all information I have used.

6. I have not without forming an independent view included or excluded anything which has been suggested to me by others including my instructing lawyers.

7. I will notify those instructing me immediately and confirm in writing if for any reason my existing report requires any correction or qualification.

8. I understand that:
   a) my report, subject to any corrections before swearing as to its correctness, will form the evidence to be given under oath or affirmation;
   b) I may be cross-examined on my report by a cross-examiner assisted by an expert.
   c) I am likely to be the subject of public adverse criticism by the judge if the Court concludes that I have not taken reasonable care in trying to meet the standards set out above.

9. I confirm that I have not entered into any arrangement where the amount or payment of my fees is in any way dependent on the outcome of the case.

Bo Povlsen
Assoc Prof in Hand Surgery
Consultant Orthopaedic Surgeon

References

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Complications of Distal Radius Fracture Fixation. Vipul P Patel and Nader Paksima. Bulletin of the NYU Hospital for Joint Diseases 2010;68(2):112-8.

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Explanation of Clinical Tests

Elbow

Tinel : tenderness when tapping or pressing on the nerve.

Reverse Phalen: pins and needles and numbness in fingers when wrist is bent backwards.

Wrist

Phalen: pins and needles numbness in fingers when wrist is bent forwards.

MCPJ1: denotes metacarpal phalangeal joint 1, also known as the thumb knuckle joint.

Triangular fibro cartilage complex: the ligament that holds the radius and the ulna together.

DRUJ: denotes distal radio ulna joint which is the joint that enables the wrist to rotate.

Scaphoid lunate ligament (KWT denotes Kirk Watson test): a test to assess the ligament between the scaphoid and lunate of the wrist.

1st extensor compartment tenderness: to see if there is pain from over the distal radius.

Finkelstein's test: A test to see if there is tendinitis of the extensor pollicis brevis & abductor pollicis longus tendons over the distal radius also known as De Quervain's syndrome.

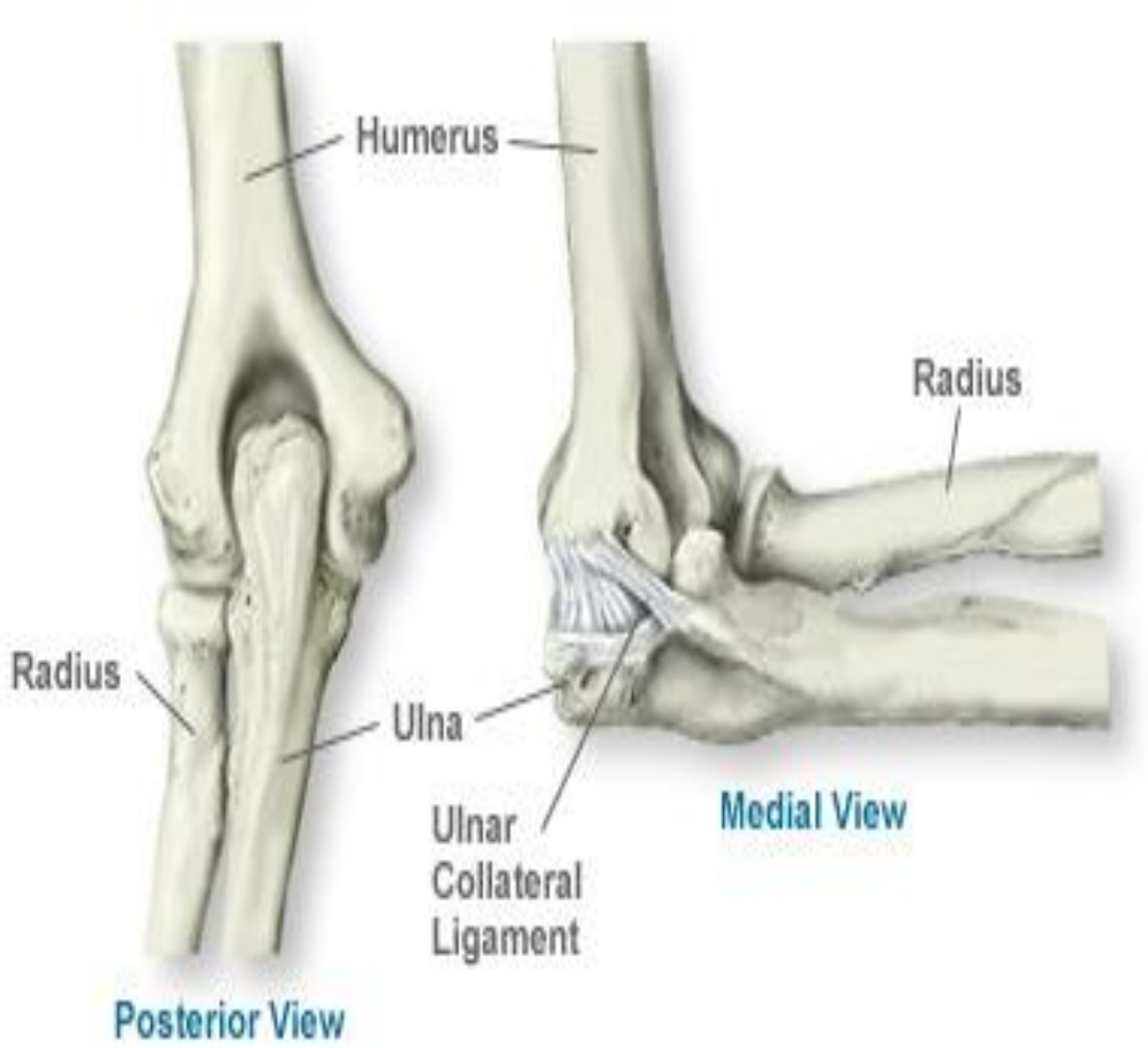
Carpal tunnel syndrome (**CTS**) is a painful condition caused by compression of a key nerve in the wrist. It occurs when the median nerve, which runs from the forearm into the palm of the hand, becomes pressed or squeezed at the wrist.

http://www.ninds.nih.gov/disorders/carpal_tunnel/carpal_tunnel.htm

WRULD. The term work-related upper limb disorder covers a large group of heterogeneous disorders. According to NIOSH (the National Institute of Occupational Safety and Health in the US) some 165 different disease labels should be considered. Newman Taylor AJ, Asherton J, Aylward M, Britton MG, Cockcroft A, et al. (2006) Work-Related Upper Limb Disorders.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/272309/6868.pdf

THE ELBOW


Humerus
Radius
Radius
Ulna
Ulnar
Collateral
Ligament
Posterior View
Medial View

THE HAND

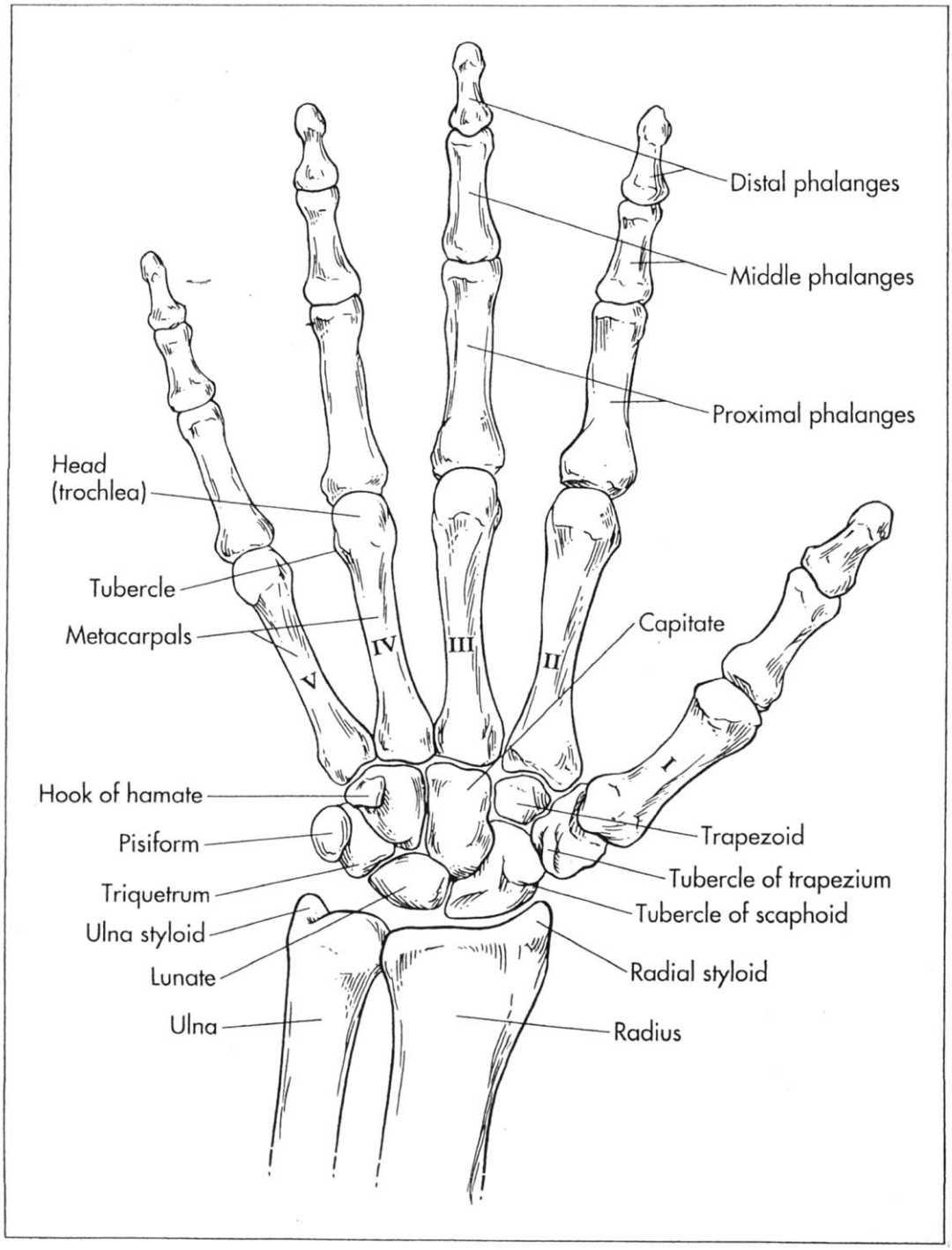


FIGURE 3-9

Drawing of the eight carpal bones from a palmar perspective, including the distal radius and ulna and the bases of metacarpals I through V.