

Medical Record Index - FAIRHURST, Adam

Patient: FAIRHURST, Adam

Case Number: DF2004-B0816-1

Case Type: PI medico-legal case

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Document date	19/03/2021	Document type	Radiology report
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RADIOLOGY REPORT

Examination	X-ray right knee, two views
Accession	MGH/RAD/21/094117
Requested by	Dr H Ramanathan, Culverdene Road Surgery
Clinical details	Twisting injury. ?meniscal tear.
Reported by	Dr M Ilesanmi, Consultant Radiologist
Report date	19/03/2021

FINDINGS: No fracture. No lipohaemarthrosis. Alignment normal. There is early narrowing of the medial compartment joint space with minor marginal osteophytosis at the medial femoral condyle. Lateral compartment and patellofemoral joint preserved.

CONCLUSION: No acute bony injury. Minor early degenerative change in the medial compartment. Soft tissue injury is not excluded; consider MRI if symptoms persist.

Report electronically authorised. Images retained on PACS.

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CULVERDENE ROAD SURGERY
Culverdene Road, Marnbridge Vale, MV7 2HD
Tel 01632 960 118 | Practice code X99001 | EMIS Web

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NHS No. 999 111 0038
Practice No. CRS/0043118
42 Larchfield Crescent, Marnbridge Vale, MV7 4NR

Document date: 06/02/2026 Document type: GP consultation record

CONSULTATION RECORD - PART 1 OF 3 (12/02/2014 to 15/03/2024)

12/02/2014	Dr H Ramanathan (GP) Surgery consultation	c/o sore throat and coryza 4 days. O/E tonsils injected, no exudate, apyrexial, chest clear. Dx viral URTI. Advised simple analgesia and fluids. No abx. Safety netting given.
14/06/2016	Dr H Ramanathan (GP) Surgery consultation	c/o low back pain onset yesterday after lifting parcels at work. No radiation below knee, no red flags, no bladder or bowel symptoms. O/E lumbar paraspinal spasm, SLR 80 bilat, neurologically intact. Dx acute mechanical low back pain. Rx ibuprofen 400mg tds prn. Advised to remain active. Fit note 5 days issued.
05/07/2016	Dr H Ramanathan (GP) Telephone consultation	Review of back pain. Reports full resolution within 2 weeks. Returned to normal duties. No further analgesia required. Problem marked resolved.
18/09/2017	Nurse P Adeyemi (Practice Nurse) Nurse appointment	Seasonal allergic rhinitis. OTC cetirizine effective. BP 124/78. Smoker 10/day, advised. Weight 84.5kg.
03/04/2019	Dr L Whitcombe (GP) Surgery consultation	c/o 3 months low mood, poor sleep, irritability. Attributes to shift pattern and financial pressure. PHQ-9 score 12, GAD-7 score 9. No suicidal ideation. Denies alcohol excess. Dx mixed anxiety and depressive disorder. Rx sertraline 50mg od. Self-referral to talking therapies discussed. Review 4 weeks.
09/05/2019	Dr L Whitcombe (GP) Surgery consultation	Review. Tolerating sertraline, mild initial nausea now settled. Sleep improved. PHQ-9 8. Continue same dose. Review 8 weeks.
22/08/2019	Dr L Whitcombe (GP) Surgery consultation	PHQ-9 4, GAD-7 3. Functioning well at work. Wishes to stop medication. Agreed to continue 2 further months then taper.
30/10/2019	Dr L Whitcombe (GP) Telephone consultation	Sertraline stopped 2 weeks ago without difficulty. Mood stable. No further follow up required. Problem marked resolved.
11/03/2021	Dr H Ramanathan (GP) Surgery consultation	c/o right knee pain. Twisting injury playing 5-a-side football 3 days ago. Weight bearing but painful on stairs. O/E small effusion, medial joint line tenderness, McMurray equivocal, full extension, flexion 120. ?meniscal injury. XR requested. Advised RICE, ibuprofen OTC.
02/04/2021	Dr H Ramanathan (GP) Telephone consultation	XR result discussed, see report 19/03/2021. Symptoms now settled, back playing football. No referral required.
07/01/2023	Nurse P Adeyemi (Practice Nurse) Nurse appointment	NHS health check. BP 128/80, BMI 28.1, non-fasting glucose 5.2, cholesterol 4.9. Smoker 10/day, cessation advice and referral offered, declined. Alcohol 12 units/week.
15/03/2024	Dr H Ramanathan (GP) Surgery consultation	c/o right shoulder pain after gym. O/E painful arc 80-120, impingement signs positive, rotator cuff power intact. Dx subacromial impingement. Advised relative rest, analgesia, physio exercises given.

Printed from EMIS Web at Culverdene Road Surgery on 06/02/2026. This printout forms part of the patient health record.



Document date	12/05/2024	Document type	Emergency department clerking
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EMERGENCY DEPARTMENT CLERKING

Attendance number	MGH/ED/24/118442
Time of arrival	12/05/2024 15:41
Time seen	12/05/2024 15:44
Mode of arrival	Ambulance, pre-alert
Clinician	Dr A Cheng, ED Registrar
Triage category	Orange

PC: Motorcyclist involved in RTC at approximately 14:45 today. Third party vehicle emerged from side road. Patient thrown from motorcycle, landing on right side. Helmet worn.

HPC: Patient has no recollection of the collision or of the period immediately before it. Bystander account of approximately 5 minutes unresponsiveness relayed by ambulance crew. No vomiting. No seizure. Complains of headache, right knee pain, left wrist pain and right lower chest pain.

PMH: Anxiety and depression 2019, resolved. Right knee soft tissue injury 2021. Low back pain 2016. No anticoagulants. No known drug allergies. Smoker 10/day. Alcohol social.

O/E: A patent. B RR 20, SpO2 98 percent air, equal air entry, tender right 7th to 9th ribs anteriorly, no crepitus. C HR 96, BP 132/84, heart sounds normal. D GCS 15/15, pupils equal and reactive, no focal neurology, cranial nerves intact, no cervical spine midline tenderness, collar removed after clinical clearance. E temperature 36.6.

Right knee: gross effusion, marked lateral tenderness, unable to flex beyond 20 degrees, unable to weight bear, neurovascularly intact, compartments soft. Left wrist: swollen, tender distal radius, no deformity, no snuffbox tenderness, capillary refill normal, sensation intact.

Impression: 1. Head injury with loss of consciousness and post-traumatic amnesia. 2. Suspected right tibial plateau fracture. 3. Suspected left distal radius fracture. 4. Right chest wall contusion.

Plan: CT head within 1 hour per NICE CG176 (LOC with amnesia and dangerous mechanism). XR right knee, left wrist, chest. Bloods including group and save. Backslab left wrist. Above knee splint right leg. Morphine titrated, paracetamol 1g IV. Refer T&O.; Head injury observations hourly.

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FAIRHURST, Adam John DOB 14.3.88 M
Hosp no MGH/0447281 NHS 999 111 0038
A&E Majors cub 6 - Marnbridge Gen

12/5/24 Triage 15:45 - Sr K Duffield
Rec'd from SWAS crew, RTC motorcyclist. Alert + orientated but repeatedly asks what has happened + does not retain the answer. Pain 8/10 R knee. Collar in situ. R leg box splint, L wrist supported. Partner contacted from pt's phone. Valuables + helmet logged, form completed.
Sr

12/5/24 17:10 - Sr K Duffield
Back from CT. C/o headache 6/10 + nausea. Paracetamol 1g IV given per chart. Collar off after clinical clearance by Dr Cheng. Backslab applied L wrist by plaster tech. Obs stable, neuro obs commenced hourly. Nil by mouth.
Sr

12/5/24 20:30 - StN M Okafor
Transferred to Ward 11 w/ T&O SHO. Obs stable, GCS 15. Partner present. H/I advice d/w partner, who reports pt is not himself + is repeating questions. Property + splint handed over. sheet given.
StN

T1/0002

SYNTHETIC SPECIMEN - TRAINING MATERIAL ONLY - NOT A REAL PATIENT - SPX/T1/2026



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Bridgefoot Way, Marnbridge Vale, MV1 8AA
Tel 01632 960 400 | Trust code RX9

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Document date	12/05/2024	Document type	ED head injury proforma
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EMERGENCY DEPARTMENT HEAD INJURY PROFORMA (NICE CG176)

Time of injury	12/05/2024 approximately 14:45
Mechanism	Motorcyclist in collision with car, thrown from machine, helmet worn
Loss of consciousness	Yes, approximately 5 minutes per bystander account relayed by ambulance crew
Amnesia	Retrograde amnesia for events before impact; no recollection of the collision
Lowest recorded GCS	13 (E3 V4 M6) at 15:05, ambulance record
GCS on ED arrival	15 (E4 V5 M6) at 15:44
Vomiting	Nil in department
Seizure	No
Anticoagulation	None
Suspected skull fracture or basal signs	No
Focal neurological deficit	None
Dangerous mechanism	Yes, ejected from motorcycle
CT head indicated	Yes, within 1 hour
CT head performed	12/05/2024 16:35, reported 17:02
Post-injury observations	Hourly neurological observations commenced

Proforma completed by Dr A Cheng, ED Registrar, 12/05/2024 at 15:58. Criteria for urgent CT head met on two grounds, being loss of consciousness with amnesia and a dangerous mechanism of injury.

Head injury advice given to patient and partner. Admitted under Trauma and Orthopaedics for management of limb injuries with continuing neurological observation.

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Document date	12/05/2024	Document type	ED referral to Trauma and Orthopaedics
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EMERGENCY DEPARTMENT REFERRAL AND HANDOVER (SBAR)

From	Dr A Cheng, ED Registrar
To	Mr R Devlin, Trauma and Orthopaedics Registrar
Time of referral	12/05/2024 18:05
Accepted	Yes, admit Ward 11

SITUATION: 36 year old motorcyclist, RTC today at approximately 14:45. Right tibial plateau fracture and left distal radius fracture, with a head injury involving loss of consciousness.

BACKGROUND: Previously fit and working as a delivery driver. Anxiety and depression 2019, resolved. Right knee soft tissue injury 2021. Smoker. No anticoagulants, no allergies.

ASSESSMENT: GCS 15 with post-traumatic amnesia, CT head normal. Right knee grossly swollen, unable to weight bear, neurovascularly intact, compartments soft. Left wrist undisplaced fracture in backslab. Right chest wall contusion with no rib fracture or pneumothorax on plain film. Observations stable. Ethanol not detected.

RECOMMENDATION: Admit for CT knee and operative planning. Continue hourly neurological observations. Analgesia and thromboprophylaxis as prescribed. Nil by mouth from midnight pending theatre.

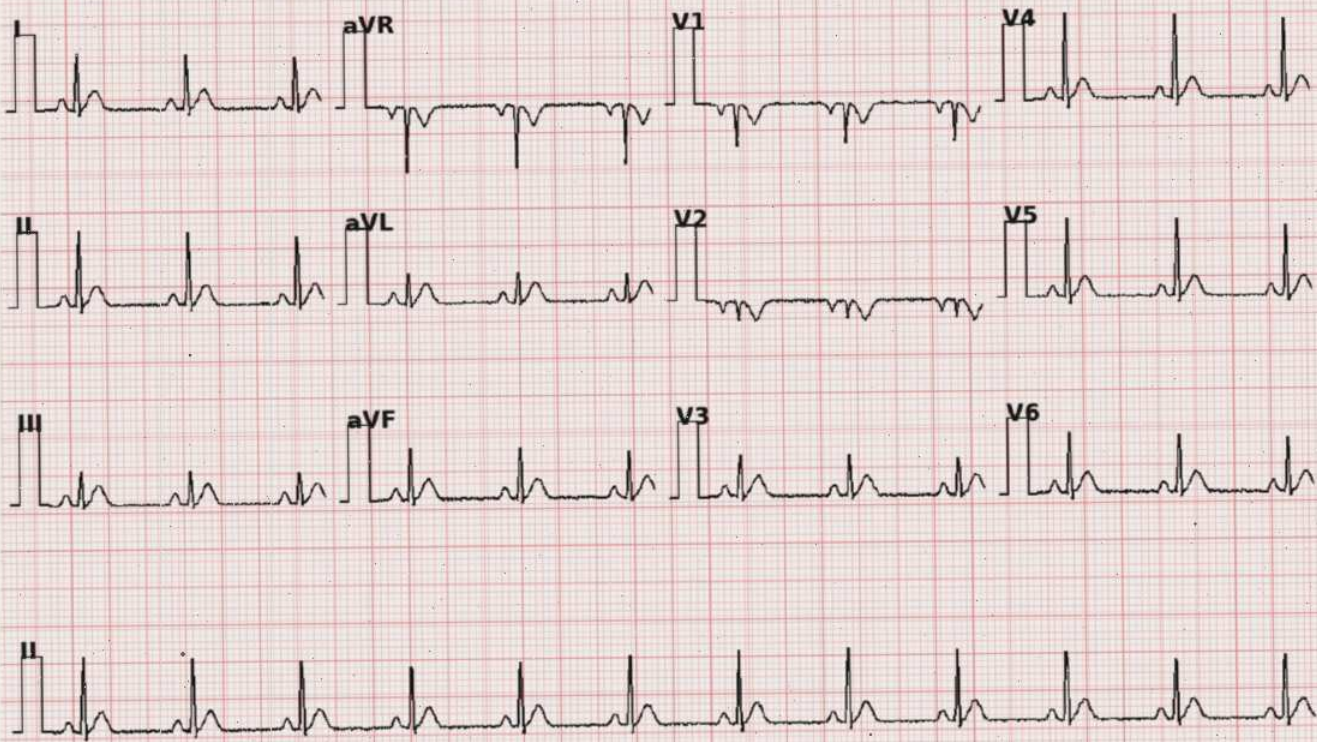
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ELECTROCARDIOGRAM - 12 LEAD

Recorded in	Emergency Department, Marnbridge General Hospital
Indication	Blunt chest wall trauma, tachycardia
Ventricular rate	104 bpm
PR interval	148 ms
QRS duration	92 ms
QT / QTc	352 / 462 ms
QRS axis	+38 degrees
Machine interpretation	Sinus tachycardia. Otherwise normal ECG. Unconfirmed.
Technician	HCA R Iqbal

FAIRHURST, ADAM J ID: MGH/0447281 M 36yr Vent. rate 104 BPM
12-MAY-2024 16:12:47 ED CUBICLE 6 PR 148ms QRS 92ms QT/QTc 352/462ms



Sinus tachy 104. No acute ischaemic change. Rib pain -
no rib # on CXR. Repeat if pain worsens. Dr A Cheng, ED

25mm/s 10mm/mV 0.5-40Hz 12 lead

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Document date	12/05/2024	Document type	Neurological observation chart
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NEUROLOGICAL OBSERVATION CHART

Date and time	GCS	E	V	M	Pulse	BP	RR	SpO2	Pupils
12/05/2024 15:50	15	4	5	6	96	132/84	20	98	3+/3+
12/05/2024 16:50	15	4	5	6	92	128/80	18	98	3+/3+
12/05/2024 17:50	15	4	5	6	88	126/78	18	99	3+/3+
12/05/2024 18:50	14	4	4	6	90	130/82	18	98	3+/3+
12/05/2024 19:50	15	4	5	6	86	124/76	16	99	3+/3+
12/05/2024 21:50	15	4	5	6	84	122/76	16	99	3+/3+
13/05/2024 01:50	15	4	5	6	80	118/72	15	99	3+/3+
13/05/2024 05:50	15	4	5	6	78	120/74	16	99	3+/3+

Observations recorded by nursing staff, Ward 11. GCS scored out of 15 (eye 4, verbal 5, motor 6).

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Document date	13/05/2024	Document type	NEWS2 observation chart
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NATIONAL EARLY WARNING SCORE (NEWS2) CHART - WARD 11

Date and time	RR	SpO2	BP	Pulse	Temp	AVPU	NEWS2
12/05/2024 22:00	16	98	122/76	84	36.7	Alert	0
13/05/2024 06:00	16	99	120/74	78	36.5	Alert	0
13/05/2024 14:00	18	97	126/78	88	37.1	Alert	1
13/05/2024 22:00	17	98	124/76	82	36.9	Alert	0
14/05/2024 06:00	16	98	118/72	76	36.4	Alert	0
14/05/2024 18:00	20	96	132/82	98	37.4	Alert	3
15/05/2024 06:00	18	97	124/78	86	37.0	Alert	1
15/05/2024 18:00	16	98	120/76	80	36.8	Alert	0
16/05/2024 06:00	16	99	118/74	76	36.6	Alert	0
17/05/2024 06:00	15	99	120/74	74	36.5	Alert	0
18/05/2024 06:00	15	99	118/72	72	36.6	Alert	0

Post-operative rise on 14/05/2024 evening attributed to surgery. Escalation not required.

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42 Larchfield Crescent, Marnbridge Vale, MV7 4NR

Document date	14/05/2024	Document type	Fluid balance chart
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FLUID BALANCE CHART (SUMMARY) - WARD 11

Date	Oral intake	IV intake	Urine output	Balance
12/05/2024	600ml	1000ml	1300ml	+300ml
13/05/2024	1400ml	1000ml	2100ml	+300ml
14/05/2024	400ml (nil by mouth am)	2000ml	1900ml	+500ml
15/05/2024	1600ml	500ml	2000ml	+100ml
16/05/2024	1800ml	-	1750ml	+50ml
17/05/2024	2000ml	-	1900ml	+100ml

Chart discontinued 17/05/2024.

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Document date	12/05/2024	Document type	Nursing risk assessments
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WARD 11 NURSING RISK ASSESSMENTS			
Assessment	Date	Score or outcome	Action
Waterlow pressure risk	12/05/2024	12, at risk	Pressure relieving mattress, 4 hourly repositioning
Falls risk assessment	12/05/2024	High risk	Bed rails, call bell in reach, non slip footwear
Falls risk reassessment	15/05/2024	High risk	Continue precautions, supervise all transfers
Manual handling assessment	13/05/2024	Assistance of one, NWB	Transfer board, hoist not required
VTE risk assessment	12/05/2024	High risk	Enoxaparin 40mg daily, TED stocking left leg
Malnutrition screening (MUST)	12/05/2024	0, low risk	Routine care
Cognitive screen (4AT)	13/05/2024	2, possible impairment	Neurological observations continued, reorientation
Mental capacity	14/05/2024	Capacity present for consent	None

Assessments completed on admission and repeated in accordance with trust policy.

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NHS No. 999 111 0038

Hospital No. MGH/0447281

42 Larchfield Crescent, Marnbridge Vale, MV7 4NR

Document date	12/05/2024	Document type	Pathology results
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PATHOLOGY RESULTS

Test	Result	Reference range
Haemoglobin	141 g/L	130 - 170
White cell count	12.8 x10^9/L	4.0 - 11.0
Platelets	268 x10^9/L	150 - 400
Sodium	139 mmol/L	133 - 146
Potassium	4.1 mmol/L	3.5 - 5.3
Urea	5.4 mmol/L	2.5 - 7.8
Creatinine	84 umol/L	60 - 110
CRP	18 mg/L	less than 5
INR	1.0	0.8 - 1.2
Group and save	O Rhesus positive	-
Ethanol	Not detected	-

Specimen received 12/05/2024 16:05. Reported 12/05/2024 17:20.

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Marnbridge General Hospital NHS Foundation Trust
Bridgefoot Way, Marnbridge Vale, MV1 8AA
Tel 01632 960 400 | Trust code RX9

Mr Adam John, FAIRHURST
D.O.B. 14/03/1988 (Male)
NHS No. 999 111 0038
Hospital No. MGH/0447281
42 Larchfield Crescent, Marnbridge Vale, MV7 4NR

Document date	12/05/2024	Document type	Radiology report
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RADIOLOGY REPORT

Examination	X-ray right knee and X-ray left wrist and chest
Accession	MGH/RAD/24/338906
Requested by	Dr A Cheng, Emergency Department
Clinical details	RTC motorcyclist. Knee deformity, wrist pain, rib pain.
Reported by	Dr K Oyelaran, Consultant Radiologist
Report date	12/05/2024 17:35

RIGHT KNEE: Depressed fracture of the lateral tibial plateau with a lipohaemarthrosis. Articular depression of approximately 6mm. No femoral fracture. Pre-existing medial compartment narrowing again noted.

LEFT WRIST: Undisplaced extra-articular fracture of the distal radius with 10 degrees dorsal angulation. Ulnar styloid intact. Carpal alignment normal.

CHEST: No rib fracture identified. No pneumothorax. No pulmonary contusion. Heart size normal.

CONCLUSION: Right lateral tibial plateau fracture, left undisplaced distal radius fracture, no acute chest injury.

Report electronically authorised. Images retained on PACS.

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Document date	12/05/2024	Document type	Radiology report
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RADIOLOGY REPORT

Examination	CT head (non-contrast)
Accession	MGH/RAD/24/338905
Requested by	Dr A Cheng, Emergency Department
Clinical details	RTC. LOC approx 5 minutes. GCS 13 at scene, now 15. Post-traumatic amnesia.
Reported by	Dr M Ilesanmi, Consultant Radiologist
Report date	12/05/2024 17:02

FINDINGS: No extra-axial collection. No intraparenchymal haemorrhage. No evidence of contusion on this early study. Grey-white differentiation preserved. Ventricles and basal cisterns normal. No midline shift. No skull fracture. Paranasal sinuses and mastoids clear.

CONCLUSION: Normal CT head. Note that CT does not exclude diffuse axonal injury; management should follow clinical assessment.

Report electronically authorised. Images retained on PACS.

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Hospital No. MGH/0447281
42 Larchfield Crescent, Marnbridge Vale, MV7 4NR

Document date	12/05/2024	Document type	ED attendance front sheet
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EMERGENCY DEPARTMENT ATTENDANCE RECORD

Attendance number	MGH/ED/24/118442
Arrival	12/05/2024 15:41
Arrival mode	Emergency ambulance, pre-alert
Incident type	Road traffic collision, motorcyclist
Accompanied by	Ambulance crew; partner arrived 16:20
Triage	Orange, seen 15:44
Injury location	Marlbrook Lane junction with A419
Police notified	Yes, collision reported, ref WX/24/RTC/9911
Departure	12/05/2024 20:35, admitted Ward 11
Discharge destination	Inpatient, Trauma and Orthopaedics

Administrative record only. Clinical detail recorded on the clerking proforma and in the nursing record.

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Hospital No. MGH/0447281
42 Larchfield Crescent, Marnbridge Vale, MV7 4NR

Document date 12/05/2024 Document type Inpatient prescription chart

INPATIENT PRESCRIPTION CHART (SUMMARY)

Drug	Frequency	Started	Stopped	Type
Paracetamol 1g	QDS	12/05/2024	18/05/2024	Regular
Morphine sulphate 10mg oral	PRN 2 hourly	12/05/2024	16/05/2024	PRN
Oramorph 10mg/5ml	PRN	16/05/2024	18/05/2024	PRN
Naproxen 500mg	BD	15/05/2024	18/05/2024	Regular
Omeprazole 20mg	OD	15/05/2024	18/05/2024	Regular
Enoxaparin 40mg SC	OD	12/05/2024	18/05/2024	Regular
Cefuroxime 1.5g IV	Single dose	14/05/2024	14/05/2024	Once only
Ondansetron 4mg	TDS PRN	12/05/2024	16/05/2024	PRN
Senna 15mg	Nocte	13/05/2024	18/05/2024	Regular

Summary generated from the electronic prescribing system. Administration records held separately.

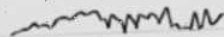
Marnbridge General Hospital NHS Foundation Trust | electronic patient record | verified copy produced for disclosure.

AIRHURST, Adam John DOB 14.3.88
1GH/0447281 Ward 11 bay 4 - T&O
ons: Mr Ballantyne Adm 12.5.24
sheet 1 of 2

21/5/24

21:30 - RN A Boateng

Adm from ED. Settled bay 4. R leg above knee splint, L wrist backslab. Neuro obs hourly commenced. C/o headache 5/10. Repeatedly asks about his motorcycle + whether it is damaged. Reassured x3. Partner left 21:15. Waterlow + falls assessments done.



RN

13/5/24

07:00 - RN A Boateng

Slept in short periods only. Headache 6/10 o/n, oramorph given w/ good effect. NBM from 02:00 for theatre. Anxious re surgery, reassured by staff. Neuro obs satisfactory, GCS 15 throughout.

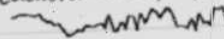


RN

14/5/24

13:15 - RN S Whelan

Back from theatre 11:40. Spinal regressing, sensation + movement returning R foot. Wound dressing dry. Pain 4/10 w/ regular analgesia. Tolerating diet + fluids. Catheter not req'd. Passed urine 14:05.

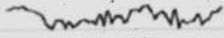


RN

T1/0021

SYNTHETIC SPECIMEN - TRAINING MATERIAL ONLY - NOT A REAL PATIENT - SPX/T1/2026

FAIRHURST, Adam John DOB 14.3.88
MGH/0447281 Ward 11 bay 4 - T&O
Cons: Mr Ballantyne Adm 12.5.24
Sheet 2 of 2

15/5/24 20:00 - RN D Kaur
Low in mood this eve. Tearful when discussing the RTC, says he cannot remember any of it + finds this frightening. Declined chaplaincy. Partner informed. Sleeping poorly, reports vivid dreams of a crash.
~~Settled~~ Unsettled at 23:00, sat w/pt.
 RN

16/5/24 11:00 - RN D Kaur
Reviewed by physio, mob NWB w/ elbow crutches. Wound clean + dry, redressed.
Clexane teaching w/pt + partner - unable to retain instructions 1st attempt, written info given + repeated. Partner will supervise inj at home.
 RN

18/5/24 10:30 - RN A Boateng
For D/C today. Independent w/ crutches on flat + stairs per physio. TTOs dispensed + explained by pharmacist. H/I advice sheet given + explained to pt + partner, explained twice at his request. FC appt card given for 28/5. Transport by partner. Wound care advice given.
 RN



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42 Larchfield Crescent, Marnbridge Vale, MV7 4NR

Document date	12/05/2024	Document type	Plaster room record
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PLASTER ROOM AND CAST RECORD

Date	Procedure	By	Notes
12/05/2024	Below elbow backslab, left	Plaster technician S Reid	Applied in ED. Neurovascular observations normal.
15/05/2024	Completed below elbow cast, left	Plaster technician S Reid	Backslab completed on ward. Check XR satisfactory.
11/06/2024	Cast removed, left wrist	Plaster technician J Naylor	4 weeks. Skin intact. Wrist stiff, ROM flexion 40 extension 35.
11/06/2024	Wrist splint issued	Plaster technician J Naylor	Removable splint for comfort, wean over 2 weeks.

Cast checks recorded separately in the nursing record.

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SOUTH WESSEX AMBULANCE SERVICE NHS TRUST
Regional HQ, Netherfold Road, Wessex, W3 9PL

Patient Report Form (electronic copy)

Patient	Mr Adam John FAIRHURST	D.O.B.	14/03/1988	NHS No.	999 111 0038	Incident No.	SW24-1205-04471
Document date						12/05/2024	
Document type						Ambulance patient report form	

PATIENT REPORT FORM

Incident number	SW24-1205-04471
Call received	12/05/2024 14:52
Call category	Category 2
Mobile	14:54
In scene	15:03
Left scene	15:29
At hospital	15:41
Location	Junction of Marlbrook Lane and A419, Marnbridge Vale
Crew	Paramedic J Okri (reg 1140228), Technician S Farrow

CLINICAL NARRATIVE AND MANAGEMENT

Called to RTC, motorcycle in collision with car. Patient is the motorcyclist. Reported by bystander to have been unresponsive for approximately 5 minutes before crew arrival. Helmet worn and remained in situ, visible scuff to right side of helmet shell.

On arrival patient supine on carriageway, moved to kerbside by bystanders before crew arrival. Airway patent, RR 22, SpO2 97 percent on air, chest clear and equal, HR 104 regular, BP 138/86, CRT under 2 seconds, BM 6.1, temperature 36.4.

GCS 13 on first assessment (E3 V4 M6). Confused as to time and unable to recall the collision. Improved to GCS 15 by 15:20 with persisting amnesia for the event itself. Pupils equal and reactive, size 3. No external head wound.

Obvious deformity and swelling right knee, unable to weight bear, distal pulses present, sensation intact. Left wrist painful and swollen, no deformity. Tenderness over right lower chest wall on inspiration, no flail segment, no surgical emphysema. No abdominal tenderness. Pelvis stable, spine immobilised as precaution.

Management: cervical collar and scoop, box splint right leg, sling and support left wrist, high flow oxygen initially then air, IV access left ACF 18G, morphine sulphate 5mg IV in 2.5mg increments 15:14 and 15:19, ondansetron 4mg IV 15:20. Pain score 9/10 reducing to 5/10.

Pre-alert to Marnbridge General ED as head injury with reduced GCS. Handover to Dr A Cheng, ED, 15:44. Property: helmet and motorcycle jacket accompanied patient.

South Wessex Ambulance Service NHS Trust | electronic patient record export | uncontrolled when printed.



SOUTH WESSEX AMBULANCE SERVICE NHS TRUST
Regional HQ, Netherfold Road, Wessex, Wx3 9PL

Patient Report Form (electronic copy)

Patient	Mr Adam John FAIRHURST	D.O.B.	14/03/1988	NHS No.	999 111 0038	Incident No.	SW24-1205-0447 1
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Document date

12/05/2024

Document type

Ambulance observations record

PATIENT REPORT FORM - OBSERVATIONS AND DRUG RECORD

Time	GCS	Pulse	BP	RR	SpO2	Pain	Intervention
15:05	13 (E3V4M6)	104	138/86	22	97	9/10	Primary survey, collar, box splint
15:10	13 (E3V4M6)	100	136/84	20	98	9/10	IV access left ACF 18G
15:14	14 (E4V4M6)	98	134/84	20	98	8/10	Morphine 2.5mg IV
15:19	14 (E4V4M6)	96	132/82	18	98	6/10	Morphine 2.5mg IV
15:20	15 (E4V5M6)	94	130/82	18	98	5/10	Ondansetron 4mg IV
15:28	15 (E4V5M6)	92	130/80	18	99	5/10	Loaded, blue call
15:40	15 (E4V5M6)	90	128/80	17	99	5/10	Arrival MGH ED

Recorded on electronic patient record by Paramedic J Okri. Amnesia for the event persisted at handover.

South Wessex Ambulance Service NHS Trust | electronic patient record export | uncontrolled when printed.

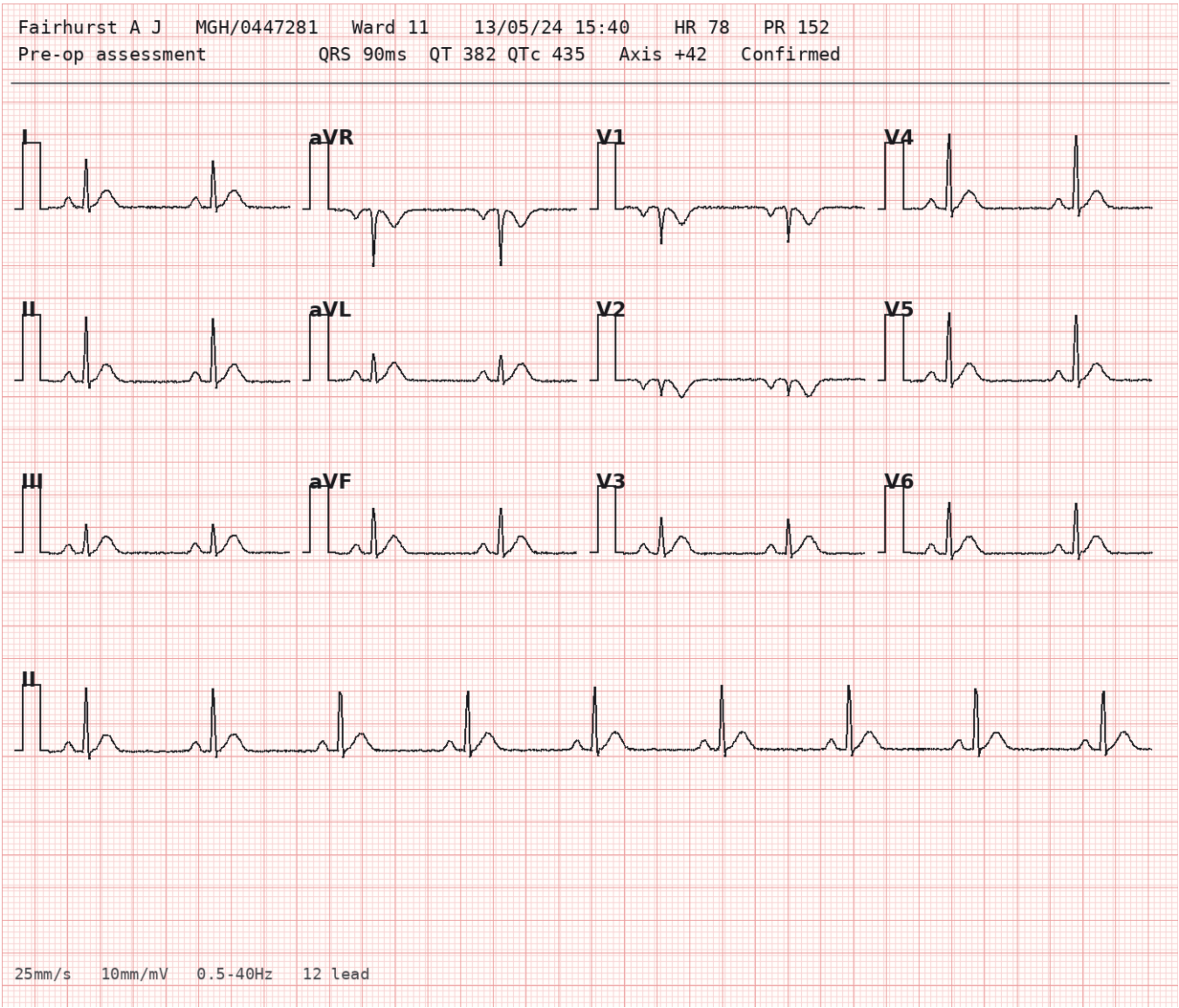


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ELECTROCARDIOGRAM - 12 LEAD (PRE-OPERATIVE)

Recorded in	Ward 11, Trauma and Orthopaedics
Indication	Pre-operative assessment
Ventricular rate	78 bpm
PR interval	152 ms
QRS duration	90 ms
QT / QTc	382 / 435 ms
QRS axis	+42 degrees
Machine interpretation	Normal sinus rhythm. Normal ECG. Confirmed by Dr S Marchetti.



Marnbridge General Hospital NHS Foundation Trust | electronic patient record | verified copy produced for disclosure.

Document date	13/05/2024	Document type	Radiology report
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RADIOLOGY REPORT

Examination	CT right knee with reconstructions
Accession	MGH/RAD/24/339188
Requested by	Mr T Ballantyne, Consultant Orthopaedic Surgeon
Clinical details	Tibial plateau fracture. Pre-operative planning.
Reported by	Dr K Oyelaran, Consultant Radiologist
Report date	13/05/2024 10:18

FINDINGS: Split depression fracture of the lateral tibial plateau, Schatzker type II. Maximum articular depression 6.4mm over the anterolateral quadrant. Lateral cortical breach with 4mm widening. No involvement of the medial plateau. Intact tibial spine. Lipohaemarthrosis. Medial compartment cartilage space reduced consistent with pre-existing degenerative change.

CONCLUSION: Schatzker II lateral tibial plateau fracture suitable for open reduction and internal fixation.

Report electronically authorised. Images retained on PACS.

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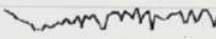
13/5/24

Ward round - Mr Ballantyne / Mr Devlin
CT knee reviewed. Schatzker II, 6mm depression, lateral cortical breach. For arthroscopically assisted ORIF tomorrow a.m. Consent taken, incl. OA + metalwork removal. Pt asking the same questions repeatedly this morning, poor recall of yesterday - ?PTA, neuro obs to continue. Spinal preferred d/w anaesthetics 2 to head injury. NBM from 02:00.

 Cons'WR

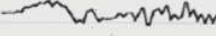
14/5/24

Post op review
ORIF as per op note. Obs stable. NVI intact, compartments soft. Wound dressing dry. Hb 128. For physio tomorrow, NWB 6/52, brace 0-90. Analgesia PRN, enoxaparin as chart.

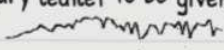
 SHO

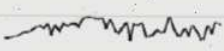
15/5/24

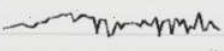
Ward round - Mr Devlin
Day 1 post op. Mobilising with physio. Reports ~~poor~~ very poor sleep,  dreams of the collision, tearful on the ward this a.m. Not previously known to psych services other than GP treated episode 2019. Will need GP follow up re mood. Continue current plan.

 Reg

Fairhurst, Adam John 14.3.88 MGH/0447281
Ward 11 T&O - Mr T Ballantyne
MEDICAL CONTINUATION
Sheet 2 of 2

16/5/24 Ward round
Wound clean and dry. Mobilising NWB with elbow crutches. Enoxaparin teaching given, needed repeating - pt could not retain the instructions first time. Partner present and concerned re his memory and short temper, says he is not himself. Reassured, head injury leaflet to be given.
 SHO

17/5/24 Physio / ward round
Safe on stairs with physio, 12 steps supervised. Knee flexion 0-55 in brace. Home tomorrow if bloods ok. Fit note 6/52 written. FC 2/52 with XR.
 SHO

18/5/24 Discharge
For home today. TTOs dispensed and explained Head injury advice sheet given to pt and partner, explained twice at his request. Advised no driving FC 2/52. D/C summary done.
 SHO



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Document date	13/05/2024	Document type	Inpatient physiotherapy notes
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INPATIENT PHYSIOTHERAPY NOTES - WARD 11

13/05/2024	Initial contact <i>L Hargreave, Physiotherapist</i>	Seen pre-operatively. Bed exercises taught. Unable to transfer safely at present. Non weight bearing status explained; required repetition on three occasions before understood. Plan review post operatively.
15/05/2024	Treatment <i>L Hargreave, Physiotherapist</i>	Day 1 post op. Sat out of bed. Static quadriceps, ankle pumps. Knee brace 0 to 90 applied and checked. Transfers with assistance of one. Fatigued after 15 minutes.
17/05/2024	Assessment <i>L Hargreave, Physiotherapist</i>	Mobilising non weight bearing with elbow crutches 30 metres, and safe on a flight of 12 stairs with supervision. Knee flexion in brace 0 to 55 active. Home environment discussed, ground floor bathroom available. Safe for discharge from physiotherapy perspective. Community physiotherapy referral to follow after fracture clinic review.

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Document date	14/05/2024	Document type	Consent form
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CONSENT FORM 1 - PATIENT AGREEMENT TO INVESTIGATION OR TREATMENT

Proposed procedure	Arthroscopically assisted open reduction and internal fixation of right tibial plateau fracture, with possible meniscal repair and bone substitute graft
Anaesthetic	Spinal with sedation, discussed by Dr S Marchetti
Clinician obtaining consent	Mr R Devlin, Registrar
Date and time signed	14/05/2024 08:20
Interpreter required	No
Capacity	Patient has capacity; no concerns raised

SERIOUS OR FREQUENTLY OCCURRING RISKS DISCUSSED: bleeding, infection including deep infection requiring further surgery, deep vein thrombosis and pulmonary embolism, damage to nerves or blood vessels, compartment syndrome, failure of fixation, non-union or malunion, loss of movement and stiffness, prominent or painful metalwork requiring a second operation to remove it, later osteoarthritis of the knee which may require joint replacement, and persistent pain.

Patient signature obtained. Copy given to patient. Note in the medical record that the patient asked about the likelihood of later arthritis and was told that it is a recognised outcome of this fracture pattern and is more likely where there is pre-existing wear.

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Document date	14/05/2024	Document type	Operation note
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OPERATION NOTE

Date of operation	14/05/2024
Surgeon	Mr T Ballantyne, Consultant Orthopaedic Surgeon
Assistant	Mr R Devlin, Registrar
Anaesthetist	Dr S Marchetti (spinal with sedation)
Procedure	Arthroscopically assisted open reduction and internal fixation, right lateral tibial plateau, with lateral locking plate
Tourniquet	71 minutes at 300mmHg
Antibiotics	Cefuroxime 1.5g IV at induction

Consent: risks of infection, DVT and PE, neurovascular injury, non-union and malunion, metalwork prominence and removal, stiffness, and post-traumatic osteoarthritis discussed and documented. WHO checklist completed.

FINDINGS: Diagnostic arthroscopy first. Large haemarthrosis evacuated. Peripheral tear of the lateral meniscus, repairable, repaired with two all-inside sutures. Grade II chondral change over the medial femoral condyle and corresponding tibial surface, not attributable to the acute injury and consistent with pre-existing degeneration. Anterior cruciate ligament intact.

PROCEDURE: Anterolateral approach. Submeniscal arthrotomy. Depressed lateral plateau segment elevated and reduced under direct and image intensifier control. Void grafted with 5cc synthetic bone substitute. Six hole lateral locking plate applied with three proximal locking screws and three distal cortical screws. Reduction confirmed satisfactory on AP and lateral imaging, residual articular step-off under 1mm.

POST-OPERATIVE INSTRUCTIONS: Non weight bearing right leg 6 weeks. Hinged knee brace 0 to 90 degrees. Continuous passive motion from day 1. Enoxaparin 40mg daily for 6 weeks. Check XR at 2 and 6 weeks. Fracture clinic 2 weeks.

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Document date	14/05/2024	Document type	Anaesthetic record
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ANAESTHETIC RECORD

Anaesthetist	Dr S Marchetti, Consultant Anaesthetist
ASA grade	2
Technique	Spinal, 2.8ml 0.5 percent heavy bupivacaine, L3/4, single attempt
Sedation	Propofol TCI 0.8 to 1.2 mcg/ml
Airway	Not instrumented, oxygen by facemask 4 l/min
Monitoring	ECG, NIBP, SpO2, temperature
Fluids	Compound sodium lactate 1000ml
Blood loss	Estimated 150ml
Complications	None

Pre-operative assessment 13/05/2024: recent head injury noted, CT head normal, GCS 15, no ongoing vomiting. Spinal technique preferred to general anaesthesia in view of the head injury. Smoker, advised. No reflux. Mallampati 2.

Post-operative instructions: monitor lower limb neurology until spinal regression complete, regional block not used, multimodal analgesia as prescribed.

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Document date	14/05/2024	Document type	WHO surgical safety checklist
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WHO SURGICAL SAFETY CHECKLIST AND THEATRE RECORD

Stage	Item	Confirmed by	Time
Sign in	Identity, site and procedure confirmed	Theatre practitioner	09:05
Sign in	Site marked, right knee	Mr R Devlin	09:06
Sign in	Anaesthetic safety check complete	Dr S Marchetti	09:08
Sign in	Allergies confirmed, none known	Theatre practitioner	09:08
Time out	Team introductions completed	Mr T Ballantyne	09:22
Time out	Antibiotic prophylaxis given	Dr S Marchetti	09:20
Time out	Imaging displayed	Radiographer	09:23
Time out	VTE prophylaxis plan confirmed	Mr T Ballantyne	09:24
Procedure	Tourniquet inflated	Theatre practitioner	09:31
Procedure	Tourniquet deflated	Theatre practitioner	10:42
Sign out	Instrument, swab and needle count correct	Scrub practitioner	11:02
Sign out	Specimen: none	Scrub practitioner	11:02
Sign out	Recovery concerns: none	Dr S Marchetti	11:10

Theatre in 09:00, theatre out 11:14. Implants: 6 hole lateral proximal tibial locking plate, lot 4471-A; 5cc synthetic bone substitute, lot BG-2291.

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Document date	18/05/2024	Document type	Head injury advice sheet
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HEAD INJURY DISCHARGE ADVICE SHEET (COPY RETAINED IN RECORD)

Given to	Patient and partner
Given by	RN A Boateng, Ward 11
Date and time	18/05/2024 10:45
Understanding confirmed	Yes, explained twice at patient's request

You have had a head injury. Most people recover fully but some symptoms can last for weeks. Return to the emergency department immediately if you have worsening headache, repeated vomiting, drowsiness, confusion, weakness, visual disturbance, fits, or fluid from the nose or ear.

For the next two weeks: do not be alone for long periods, do not drink alcohol, do not take sleeping tablets, do not drive, and do not return to contact sport.

Common symptoms in the following weeks include headache, dizziness, tiredness, poor concentration, memory problems, irritability and difficulty with noise or bright light. See your GP if these have not settled within four weeks.

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Document date	18/05/2024	Document type	Discharge prescription
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DISCHARGE PRESCRIPTION (TTO)

Drug	Dose and directions	Quantity	Duration
Co-codamol 30/500mg	Two tablets four times daily when required	100 tablets	As required
Naproxen 500mg	One tablet twice daily with food	28 tablets	14 days
Omeprazole 20mg	One capsule daily	28 capsules	14 days
Enoxaparin 40mg/0.4ml	40mg subcutaneously once daily	42 syringes	42 days
Docusate 100mg	One capsule twice daily when required	28 capsules	As required

Dispensed and counselled by ward pharmacist 18/05/2024. Patient advised co-codamol may cause drowsiness and not to drive.

Marnbridge General Hospital NHS Foundation Trust | electronic patient record | verified copy produced for disclosure.



Document date	18/05/2024	Document type	Inpatient discharge summary
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INPATIENT DISCHARGE SUMMARY

Ward	Ward 11, Trauma and Orthopaedics
Date of admission	12/05/2024
Date of discharge	18/05/2024
Length of stay	6 days
Consultant	Mr T Ballantyne
Completed by	Dr N Achebe, Foundation Year 2

DIAGNOSES ON DISCHARGE: 1. Closed head injury with loss of consciousness and post-traumatic amnesia. 2. Schatzker II fracture of the right lateral tibial plateau, treated by ORIF 14/05/2024. 3. Peripheral tear right lateral meniscus, repaired. 4. Undisplaced fracture left distal radius, treated in cast. 5. Right chest wall contusion.

COURSE: Admitted via ED following RTC. Neurological observations remained satisfactory with a single recorded GCS of 14 on the evening of admission. CT head normal. Persistent headache and difficulty concentrating reported throughout the admission, together with disturbed sleep. Head injury advice sheet given and discussed with the patient and his partner. Underwent knee fixation on 14/05/2024 without complication. Left wrist managed in a below elbow cast. Mobilised non weight bearing with physiotherapy, safe on elbow crutches on the flat and on stairs by 17/05/2024. Wound clean and dry at discharge.

MEDICATION ON DISCHARGE: Co-codamol 30/500 two QDS PRN, naproxen 500mg BD with omeprazole 20mg OD for 14 days, enoxaparin 40mg SC daily for 42 days.

FOLLOW UP AND ADVICE: Non weight bearing 6 weeks. Fracture clinic 2 weeks with XR. Wrist cast review 4 weeks. Not to drive. Off work; fit note 6 weeks issued. Advised to consult GP if headaches, memory or concentration problems persist beyond 4 weeks.

Marnbridge General Hospital NHS Foundation Trust | electronic patient record | verified copy produced for disclosure.

RECEIVED
20 MAY 2024



Document date	19/05/2024	Document type	NHS 111 call record
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NHS 111 CALL RECORD (COPY ON TRUST FILE)

Call reference	111/24/5519873
Time of call	19/05/2024 22:14
Call handler	K Brennan
Clinical advisor	Nurse D Ferreira
Disposition	Speak to primary care within 24 hours

Caller is the patient's partner. Reports patient has had a severe headache this evening with two episodes of vomiting and appears more confused than usual since the accident a week ago. Also reports the surgical wound is slightly pink at the edges.

Clinical advisor assessment: no red flag neurological features on questioning, no seizure, pupils reported equal by caller, patient oriented on direct questioning. Advised simple analgesia, hydration, and to contact the GP or return to ED if headache worsens, further vomiting, drowsiness or speech disturbance. Wound photograph advice given.

Marnbridge General Hospital NHS Foundation Trust | electronic patient record | verified copy produced for disclosure.



Document date	28/05/2024	Document type	Outpatient clinic letter
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FRACTURE CLINIC LETTER

Clinic	Trauma and Orthopaedics, Fracture Clinic
Seen by	Mr R Devlin, Registrar to Mr T Ballantyne
Addressed to	Dr H Ramanathan, Culverdene Road Surgery

Date of clinic: 28/05/2024

Dear Doctor

Thank you for your care of this 36 year old delivery driver who is 2 weeks following ORIF of a right lateral tibial plateau fracture and a cast treated left distal radius fracture.

He remains non weight bearing and is managing on crutches. Wound is healed with no discharge; clips removed today. Knee flexion in brace 0 to 70 degrees. Check radiographs show maintained reduction with no loss of position.

He continues to report daily headache and difficulty concentrating, which we have advised him to discuss with you. Plan: remain non weight bearing to 6 weeks post-operatively, then progress to partial weight bearing. Wrist cast review at 4 weeks. Review in 4 weeks with radiographs.

Yours sincerely

Mr R Devlin, Registrar to Mr T Ballantyne
Trauma and Orthopaedics

FAIRHURST A J DOB 14.3.88 MGH/0447281
FRACTURE CLINIC CARD - Mr Ballantyne
R tibial plateau ORIF 14.5.24 / L wrist POP

28/5/24	FC 2/52 - Mr Devlin Wound healed, clips out today. XR - position maintained, no loss of reduction. Flexion 0-70 in brace. NWB to 6/52 then PWB. Still c/o daily headache + poor concentration - advised to see GP. Rev 4/52 + XR. Reg
11/6/24	Plaster room L wrist cast off at 4/52. Skin intact. Wrist stiff, flex 40 ext 35. Removable splint issued, wean 2/52. No FC needed for wrist. Tech
25/6/24	FC 6/52 - Mr Ballantyne XR - early union, reduction held. Flexion 0-90. Quads wasting 1 2cm. PWB to FWB over 3/52. Physio ref done. Wrist united, 10 deg dorsal angulation, acceptable. Warned re risk of later OA esp. given changes medial compartment on 2021 XR + at arthroscopy. Rev 8/52. Cons
23/7/24	FC Clinic cancelled - consultant leave. Rebook 4/52. Pt informed by phone.
20/8/24	FC 14/52 - Mr Devlin FWB. Pain anterolat. after 20 mins standing, difficulty on stairs. Small effusion. Flexion 0-105. Metalwork prominent + tender laterally. XR - united, lat joint space slightly reduced c/w 6/52 film. Discussed ROMH after 12/12 if symptomatic. Rev 3/12. Reg



Document date	06/02/2026	Document type	Outpatient attendance log
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OUTPATIENT ATTENDANCE HISTORY

Date	Clinic	Seen by	Outcome
28/05/2024	Fracture clinic	Mr R Devlin	Attended
11/06/2024	Plaster room	Plaster technician	Attended
25/06/2024	Fracture clinic	Mr T Ballantyne	Attended
23/07/2024	Fracture clinic	-	Cancelled by hospital
20/08/2024	Fracture clinic	Mr R Devlin	Attended
14/11/2024	MRI	Radiographer	Attended
03/12/2024	Fracture clinic	Mr T Ballantyne	Attended
05/12/2024	Community head injury service	Dr F Nkemelu	Attended
04/06/2025	Trauma and orthopaedics	-	Did not attend
22/07/2025	Trauma and orthopaedics	Mr T Ballantyne	Attended

Administrative attendance record. Clinical detail in the corresponding clinic letters.

Marnbridge General Hospital NHS Foundation Trust | electronic patient record | verified copy produced for disclosure.



Marnbridge General Hospital NHS Foundation Trust

Bridgefoot Way, Marnbridge Vale, MV1 8AA
Tel 01632 960 400 | Trust code RX9

Mr Adam John, FAIRHURST

D.O.B. 14/03/1988 (Male)
NHS No. 999 111 0038
Hospital No. MGH/0447281
42 Larchfield Crescent, Marnbridge Vale, MV7 4NR

Document date	28/05/2024	Document type	Radiology report
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RADIOLOGY REPORT

Examination	X-ray right knee, post-operative check
Accession	MGH/RAD/24/344012
Requested by	Fracture clinic
Clinical details	2 weeks post ORIF tibial plateau.
Reported by	Dr K Oyelaran, Consultant Radiologist
Report date	28/05/2024

FINDINGS: Lateral locking plate and screws in satisfactory position. Articular reduction maintained with no loss of position compared with the immediate post-operative films. No periprosthetic fracture. Soft tissue swelling.

CONCLUSION: Satisfactory position and alignment at 2 weeks.

Report electronically authorised. Images retained on PACS.

Marnbridge General Hospital NHS Foundation Trust | electronic patient record | verified copy produced for disclosure.



Document date	25/06/2024	Document type	Radiology report
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RADIOLOGY REPORT

Examination	X-ray right knee and left wrist, check films
Accession	MGH/RAD/24/351887
Requested by	Fracture clinic
Clinical details	6 weeks post fixation. Wrist out of cast.
Reported by	Dr M Ilesanmi, Consultant Radiologist
Report date	25/06/2024

RIGHT KNEE: Early union of the lateral tibial plateau fracture. Metalwork intact and in position. Articular step-off under 1mm maintained. Medial compartment joint space narrowing unchanged.

LEFT WRIST: United distal radius fracture with 10 degrees residual dorsal angulation and 1mm radial shortening. No intra-articular step.

CONCLUSION: Satisfactory progress of union at both sites.

Report electronically authorised. Images retained on PACS.

Marnbridge General Hospital NHS Foundation Trust | electronic patient record | verified copy produced for disclosure.



Marnbridge General Hospital NHS Foundation Trust
Bridgefoot Way, Marnbridge Vale, MV1 8AA
Tel 01632 960 400 | Trust code RX9

Mr Adam John, FAIRHURST
D.O.B. 14/03/1988 (Male)
NHS No. 999 111 0038
Hospital No. MGH/0447281
42 Larchfield Crescent, Marnbridge Vale, MV7 4NR

Document date	25/06/2024	Document type	Outpatient clinic letter
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FRACTURE CLINIC LETTER

Clinic	Trauma and Orthopaedics, Fracture Clinic
Seen by	Mr T Ballantyne, Consultant Orthopaedic Surgeon
Addressed to	Dr H Ramanathan, Culverdene Road Surgery

Date of clinic: 25/06/2024

Dear Doctor

Mr Fairhurst is now 6 weeks following fixation. Radiographs show early union with maintained articular reduction. The left wrist cast has been removed and the radius has united in an acceptable position with 10 degrees residual dorsal angulation; grip is weak but improving.

Knee flexion 0 to 90 degrees, quadriceps wasting of 2cm compared with the left. He may now begin partial weight bearing progressing to full over 3 weeks. Referred to physiotherapy. Enoxaparin to be completed.

I have explained that a fracture of this type carries a recognised risk of later degenerative change, particularly given the pre-existing changes noted in the medial compartment on his 2021 radiograph and at arthroscopy. Review 8 weeks.

Yours sincerely

Mr T Ballantyne, Consultant Orthopaedic Surgeon
Trauma and Orthopaedics

Marnbridge General Hospital NHS Foundation Trust | electronic patient record | verified copy produced for disclosure.



Document date	12/03/2025	Document type	Outcome measures
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PHYSIOTHERAPY OUTCOME MEASURES

Date	Measure	Score	Notes
09/07/2024	Oxford Knee Score	18/48	Baseline
09/07/2024	Numerical pain rating, activity	6/10	Baseline
09/07/2024	Walking tolerance	5 minutes	Baseline
15/10/2024	Oxford Knee Score	31/48	Discharge
15/10/2024	Numerical pain rating, activity	4/10	Discharge
15/10/2024	Walking tolerance	25 minutes	Discharge
15/10/2024	Knee flexion	0 to 110 degrees	Discharge
12/03/2025	Oxford Knee Score	26/48	Open access review
12/03/2025	Numerical pain rating, activity	6/10	Open access review
12/03/2025	Walking tolerance	15 minutes	Open access review
12/03/2025	Knee flexion	0 to 108 degrees	Open access review

Oxford Knee Score: higher is better, maximum 48.



Document date	09/07/2024	Document type	Physiotherapy records
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PHYSIOTHERAPY RECORD

09/07/2024	Initial assessment <i>A Vasilenko, Senior Physiotherapist</i>	Referred post ORIF right tibial plateau 14/05/2024. Now PWB to FWB. SUBJECTIVE: anterolateral knee pain 6/10 on activity, 2/10 at rest. Stiffness on waking 20 minutes. Stairs one at a time. Not driving. Reports headache and poor concentration limits exercise tolerance. OBJECTIVE: gait antalgic with one crutch, knee flexion 0 to 92, extension full, quads girth 10cm above joint line right 44cm left 46.5cm, single leg stand 4 seconds right 30 seconds left, moderate effusion. Left wrist flexion 45 extension 40, grip right 42kg left 21kg. PLAN: 8 sessions, ROM, quadriceps and gluteal strengthening, gait re-education, home programme.
16/07/2024	Treatment <i>A Vasilenko, Senior Physiotherapist</i>	Flexion 0 to 96. Effusion reduced. Progressed closed chain quadriceps work. Compliant with home programme.
30/07/2024	Treatment <i>R Prashad, Physiotherapist</i>	Flexion 0 to 100. Reports increased pain after walking 15 minutes. Added step ups and proprioceptive work.
13/08/2024	Treatment <i>A Vasilenko, Senior Physiotherapist</i>	Flexion 0 to 104. Quads girth right 45cm. Discussed pacing given fatigue and headaches. DNA risk discussed.
03/09/2024	Treatment <i>A Vasilenko, Senior Physiotherapist</i>	Did not attend. Contacted, reports migraine. Rebooked.
24/09/2024	Treatment <i>R Prashad, Physiotherapist</i>	Flexion 0 to 108. Left wrist grip 34kg, discharged from wrist rehabilitation. Continuing knee programme.
15/10/2024	Discharge summary <i>A Vasilenko, Senior Physiotherapist</i>	8 sessions completed, 1 DNA. Knee flexion 0 to 110, quads girth right 45.5cm left 46.5cm, single leg stand 18 seconds. Walking tolerance 25 minutes. Unable to kneel or squat fully. Residual anterolateral pain on loading. Home programme continued. Discharged with open access for 3 months. Advised unlikely to regain full kneeling capacity.
12/03/2025	Review (open access) <i>R Prashad, Physiotherapist</i>	Self-referred via open access. Increased anterolateral pain since returning to warehouse duties. Flexion 0 to 108, effusion small, walking tolerance reduced to 15 minutes. Advised load management, 4 further sessions offered. GP review recommended.



Document date	09/07/2024	Document type	Home exercise programme
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HOME EXERCISE PROGRAMME AND COMPLIANCE RECORD

Issued	Exercise	Prescription	Progression
09/07/2024	Static quadriceps contraction	3 x 10, three times daily	Progressed 30/07/2024
09/07/2024	Heel slides	3 x 10, twice daily	Progressed 30/07/2024
09/07/2024	Straight leg raise	3 x 10, twice daily	-
30/07/2024	Sit to stand	3 x 8	Progressed 13/08/2024
30/07/2024	Step ups, 10cm	2 x 10	Progressed to 15cm 03/09/2024
13/08/2024	Single leg balance	3 x 20 seconds	Progressed 24/09/2024
24/09/2024	Wall squat to 45 degrees	3 x 10	Limited by pain
15/10/2024	Static cycling	10 minutes daily	Home programme, discharge

Compliance reported as good throughout. Patient advised to use a written record because of memory difficulty.



ST MERIEL'S HOSPITAL NHS TRUST

Eastmoor Road, Ferrybridge, FB2 3LN
Tel 01634 960 220 | Trust code RA7 | Emergency Department

ACCIDENT AND EMERGENCY ATTENDANCE RECORD

Document date 03/08/2024		Document type A&E; attendance record					
Patient	Mr Adam John FAIRHURST	D.O.B.	14/03/1988	NHS No.	999 111 0038	Trust No.	SMH/24/771043
Attendance number	SMH/AE/24/226418						
Arrival	03/08/2024 17:22						
Arrival mode	Own transport, brought by family						
Presenting complaint	Fall on stairs. Right knee gave way. Head struck wall. Left elbow pain.						
Triage	Green, seen 18:40						
Usual GP	Culverdene Road Surgery, Marnbridge Vale						
Address given	c/o 8 Bevendean Road, Ferrybridge (staying with family)						
Departure	03/08/2024 21:05, discharged home						

Patient not previously known to this Trust. Registration created on attendance. Records from Marnbridge General Hospital not available to this department.

St Meriels Hospital NHS Trust | Symphony emergency department system | page produced on request.



ST MERIEL'S HOSPITAL NHS TRUST
Eastmoor Road, Ferrybridge, FB2 3LN
Tel 01634 960 220 | Trust code RA7 | Emergency Department

ACCIDENT AND EMERGENCY DISCHARGE LETTER TO GENERAL PRACTITIONER

Document date 03/08/2024		Document type A&E; discharge letter					
Patient	Mr Adam John FAIRHURST	D.O.B.	14/03/1988	NHS No.	999 111 0038	Trust No.	SMH/24/771043
From	Dr V Ramaswamy, Emergency Medicine, St Meriel's Hospital						
To	The General Practitioner, Culverdene Road Surgery						
Copy	Patient						

Dear Doctor

Your patient attended this department today having fallen down four steps when his right knee gave way. He describes a brief episode of light headedness immediately beforehand and says similar episodes have occurred repeatedly since a road traffic collision in May 2024.

He struck the left side of his head and his left elbow. There was no loss of consciousness and he did not meet the criteria for CT imaging. Radiographs of the right knee show intact metalwork, no new fracture, a moderate effusion and degenerative change in both compartments. The left elbow is normal.

I have discharged him with analgesia and a head injury advice sheet. I would be grateful if you would review the light headedness, which in the context of his recent head injury may warrant referral, and the reported instability of the knee, for which he may need to be seen again by his orthopaedic team.

Yours sincerely

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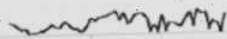


Fairhurst, Adam 14.3.88 M
St Meriels A&E SMH/24/771043
Attendance 3.8.24 card 226418

3/8/24

Triage 17:35 - Sr M Gallagher

Fell down 4 steps at sister's house approx 16:50. Says R knee gave way. Hit L elbow + L side of head on wall. No LOC. No vomiting. Walked in. Pain 5/10 knee. Obs: BP 128/78 P 82 T 36.6 SpO2 98 GCS 15.

 RN

3/8/24

Dr Ramaswamy 18:40

RTC May 24 - head injury + R tibial plateau ORIF at Marnbridge. Says light headed for a few secs before the fall. 3rd episode this month. Knee has given way twice before without falling O/E GCS 15, PERL, no focal neuro, no scalp haematoma, C spine NT. L elbow tender over olecranon, FROM. R knee - heded lat scar, mod effusion, tender lat, flex 0-100, lig stable, WB with limp.  criteria for CT not met. XR R knee + L elbow. HI advice given To see GP re dizziness + orthopaedic team re instability. Letter to GP.

 ED reg

T1/0086

SYNTHETIC SPECIMEN - TRAINING MATERIAL ONLY - NOT A REAL PATIENT - SPX/T1/2026



RADIOLOGY REPORT

Document date 03/08/2024		Document type Radiology report					
Patient	Mr Adam John FAIRHURST	D.O.B.	14/03/1988	NHS No.	999 111 0038	Trust No.	SMH/24/771043
Examination	X-ray right knee and X-ray left elbow						
Accession	SMH/RAD/24/551209						
Requested by	Dr V Ramaswamy, Emergency Department						
Clinical details	Fall on stairs. Knee gave way. Elbow pain. Previous ORIF right tibial plateau.						
Reported by	Dr A Lindqvist, Consultant Radiologist						
Report date	03/08/2024 20:40						

RIGHT KNEE: Lateral tibial plateau plate and screws in situ and intact. No new fracture. No hardware loosening. Moderate joint effusion. Narrowing of the medial compartment joint space with marginal osteophyte formation. Lateral joint space is also reduced.

LEFT ELBOW: No fracture or effusion. Normal alignment.

CONCLUSION: No acute bony injury. Intact metalwork. Effusion of the right knee with degenerative change in both the medial and lateral compartments. No previous imaging available to this department for comparison.

Report electronically authorised. Images retained on PACS.

St Meriels Hospital NHS Trust | Symphony emergency department system | page produced on request.



ST MERIEL'S HOSPITAL NHS TRUST

Eastmoor Road, Ferrybridge, FB2 3LN
Tel 01634 960 220 | Trust code RA7 | Emergency Department

ACCIDENT AND EMERGENCY CLERKING

Document date 03/08/2024		Document type A&E; clerking					
Patient	Mr Adam John FAIRHURST	D.O.B.	14/03/1988	NHS No.	999 111 0038	Trust No.	SMH/24/771043
Attendance number		SMH/AE/24/226418					
Time seen		03/08/2024 18:40					
Clinician		Dr V Ramaswamy, Emergency Medicine					
Injury time		03/08/2024 approximately 16:50					

PC: Fall down four carpeted steps at his sister's house. Reports his right knee gave way without warning as he descended. Struck the left elbow on the bannister and the left side of his head on the wall. No loss of consciousness. Did not vomit.

HPC: Reports feeling light headed for a few seconds before the fall, which he says has happened several times since a road traffic collision in May in which he sustained a head injury and a fractured right knee, operated on at Marnbridge General Hospital. He reports the knee has given way twice before, without falling.

PMH: As above. Post-concussion symptoms under investigation by his GP. Medication: co-codamol, naproxen, amitriptyline. No anticoagulants. No allergies.

O/E: GCS 15, pupils equal and reactive, no focal neurology, no scalp haematoma or laceration, no basal skull signs, cervical spine not tender. Left elbow: tender over the olecranon, full range of movement, no effusion, neurovascularly intact. Right knee: healed lateral surgical scar, moderate effusion, tender laterally, flexion 0 to 100, ligaments stable, extensor mechanism intact, able to weight bear with a limp.

IMPRESSION: 1. Mechanical fall secondary to right knee instability with a contributory episode of light headedness. 2. Minor head injury, NICE criteria for CT head not met. 3. Left elbow contusion. 4. Traumatic effusion of the right knee, no new bony injury on X-ray.

PLAN: X-ray right knee and left elbow. Discharge with advice. Head injury advice sheet issued. Advised to see his GP about the light headedness and the instability, and to contact his orthopaedic team at Marnbridge. Letter to GP.

St Meriel's Hospital NHS Trust | Symphony emergency department system | page produced on request.



Document date: 08/08/2024 Document type: Referral letter

REFERRAL LETTER - COMMUNITY HEAD INJURY SERVICE

From	Dr L Whitcombe, Culverdene Road Surgery
To	Wessex Community Head Injury Service, single point of access
Priority	Routine

Dear Colleague

I would be grateful if you would assess this 36 year old delivery driver who sustained a head injury in a motorcycle collision on 12/05/2024. There was a loss of consciousness of approximately 5 minutes with a period of post-traumatic amnesia. CT head was normal.

Three months on he reports daily headache, dizziness, poor concentration, word finding difficulty, irritability and intolerance of noise. His partner describes personality change. He has been unable to work since the accident and cannot presently contemplate returning to driving.

He also has a fractured right tibial plateau treated surgically and is under orthopaedic follow up. Past history of a single episode of anxiety and depression in 2019, treated with sertraline and fully resolved.

I have started amitriptyline 10mg at night for the headaches. Your assessment would be much appreciated.

Printed from EMIS Web at Culverdene Road Surgery on 06/02/2026. This printout forms part of the patient health record.



Document date	20/08/2024	Document type	Radiology report
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RADIOLOGY REPORT

Examination	X-ray right knee, check film
Accession	MGH/RAD/24/368410
Requested by	Fracture clinic
Clinical details	14 weeks post fixation. Lateral pain.
Reported by	Dr K Oyelaran, Consultant Radiologist
Report date	20/08/2024

FINDINGS: Union of the lateral tibial plateau fracture. Metalwork intact. The proximal end of the plate is prominent laterally. Lateral joint space is marginally reduced compared with the film of 25/06/2024. Medial compartment narrowing and marginal osteophytosis unchanged.

CONCLUSION: United fracture with prominent lateral metalwork and early reduction of the lateral joint space.

Report electronically authorised. Images retained on PACS.

Marnbridge General Hospital NHS Foundation Trust | electronic patient record | verified copy produced for disclosure.



Document date	20/08/2024	Document type	Outpatient clinic letter
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FRACTURE CLINIC LETTER

Clinic	Trauma and Orthopaedics, Fracture Clinic
Seen by	Mr R Devlin, Registrar to Mr T Ballantyne
Addressed to	Dr H Ramanathan, Culverdene Road Surgery

Date of clinic: 20/08/2024

Dear Doctor

Now 14 weeks post fixation and fully weight bearing. Reports anterolateral knee pain after 20 minutes standing and difficulty with stairs. Small effusion. Flexion 0 to 105 degrees. Metalwork palpable and tender laterally.

Radiographs show union. He is engaged with physiotherapy. Discussed that metalwork removal may be considered once union is complete if lateral prominence remains symptomatic, usually not before 12 months. Review 3 months.

Yours sincerely

Mr R Devlin, Registrar to Mr T Ballantyne
Trauma and Orthopaedics

Marnbridge General Hospital NHS Foundation Trust | electronic patient record | verified copy produced for disclosure.



Document date: 27/08/2024 Document type: Waiting list letter

ACKNOWLEDGEMENT AND WAITING LIST LETTER (FILED IN GP RECORD)

From	Wessex Community Head Injury Service
Reference	WCHIS/24/0913

Dear Mr Fairhurst

Thank you for your referral, which has been accepted. Our current waiting time for a first appointment is approximately 14 weeks. You will be offered an appointment in due course.

If your symptoms deteriorate significantly before then, please contact your GP. Information about head injury and fatigue management is enclosed.

Printed from EMIS Web at Culverdene Road Surgery on 06/02/2026. This printout forms part of the patient health record.



Document date: 12/09/2024 Document type: Clinical psychology records

CLINICAL PSYCHOLOGY ASSESSMENT

Assessed by	Dr E Marwood, Clinical Psychologist
Referred by	Dr L Whitcombe, Culverdene Road Surgery
Referral date	07/08/2024
Session	Assessment (1 of 5 planned)

PRESENTING PROBLEM: Mr Fairhurst was involved in a road traffic collision on 12/05/2024 in which he sustained a head injury and multiple fractures. He reports intrusive recollection of the moments before the collision, nightmares 3 to 4 nights per week, hypervigilance as a passenger, avoidance of the junction where the collision occurred, and marked irritability. He also describes difficulty holding conversations, losing his train of thought, and needing to write everything down, which he attributes to the head injury and which he finds humiliating. His partner has taken over the household finances.

PAST PSYCHIATRIC HISTORY: One episode of low mood and anxiety in 2019 treated with sertraline for approximately 7 months in the context of work and financial stress, with full recovery and no further treatment. No prior trauma-focused treatment. No history of self harm. No family psychiatric history reported.

MEASURES: IES-R 48. PHQ-9 16. GAD-7 13. Alcohol audit-C 4.

FORMULATION: Presentation is consistent with post-traumatic stress disorder with comorbid low mood, arising from the collision, and overlaid by cognitive symptoms which are more likely attributable to the head injury than to psychological factors alone. The 2019 episode is a vulnerability factor but had fully resolved.

PLAN: 8 sessions trauma-focused CBT. Recommend neuropsychological assessment of the cognitive complaints, which fall outside the scope of this service. Liaise with GP.

Wessex Talking Therapies | IAPTus clinical record system | confidential.

Instructed by Vanmark Logistics Ltd

Patient	Mr Adam John FAIRHURST	D.O.B.	14/03/1988	NHS No.	999 111 0038	Employee ref	VML/00417
						Document date	18/09/2024
						Document type	Employer referral form

MANAGEMENT REFERRAL TO OCCUPATIONAL HEALTH

Employee	Mr A J Fairhurst
Employer	Vanmark Logistics Ltd
Referring manager	S Adebayo, Depot Manager
Length of service	6 years 4 months (commenced 02/01/2018)
Contracted hours	45 hours per week, 5 days
Absent since	12/05/2024
Sickness absence in previous 3 years	6 days (2 episodes)

REASON FOR REFERRAL: Employee has been absent since a road traffic collision on 12/05/2024 in which he was injured. We understand he has a head injury and a fractured leg. We would like advice on whether and when he is likely to be able to return to his role, and what adjustments might assist.

ROLE REQUIREMENTS: Multi-drop delivery driving in a 3.5 tonne vehicle, average 70 drops per shift, repeated step in and out of the cab, manual handling of parcels up to 25kg, use of a handheld scanning device, shift start 06:00.

MANAGER COMMENTS: He is a reliable employee with a good attendance record. We have a warehouse vacancy which could be offered on a temporary basis if driving is not possible. Please advise on lifting and on hours.

Aldenshaw Occupational Health Ltd | report produced under SEQOHS accreditation | confidential to the addressee.



Instructed by Vanmark Logistics Ltd

Patient	Mr Adam John FAIRHURST	D.O.B.	14/03/1988	NHS No.	999 111 0038	Employee ref	VML/00417
						Document date	03/10/2024
						Document type	Occupational health report

OCCUPATIONAL HEALTH REPORT

Employee	Mr A J Fairhurst
Employer	Vanmark Logistics Ltd
Job title	Multi-drop delivery driver (3.5t)
Referred by	S Adebayo, Depot Manager
Assessed by	Dr P Kavanagh, Occupational Physician
Consent	Employee consented to disclosure of this report to the employer

REASON FOR REFERRAL: Absent since 12/05/2024 following a road traffic collision. Employer seeks advice on likely return to work and adjustments.

SUMMARY OF CONDITION: Mr Fairhurst sustained a head injury with loss of consciousness, a fractured right tibial plateau requiring surgery, and a fractured left wrist. He reports headaches, poor concentration, word finding difficulty, fatigue by early afternoon, and knee pain limiting standing to about 30 minutes. He is receiving psychological treatment for post-traumatic symptoms including anxiety as a road user.

FUNCTIONAL ASSESSMENT: Not currently fit for driving duties. In my opinion the combination of cognitive symptoms, fatigue and anxiety as a road user makes safety critical driving inappropriate at present. He is not fit for repeated step access to a delivery vehicle, nor for lifting above 10kg from floor level.

RECOMMENDATIONS: Remain off driving duties. Consider a phased return to non-driving warehouse or administrative duties from approximately 8 weeks, starting at 4 hours on 3 days per week, with seated work available, and no lifting above 10kg. Review in 3 months. He should notify DVLA if advised to do so by his treating clinicians.

This report is provided to the employer with the employee's consent and is confidential. It contains an opinion on fitness for work and not a clinical diagnosis.

Aldenshaw Occupational Health Ltd | report produced under SEQOHS accreditation | confidential to the addressee.

CONFIDENTIAL
OH FILE COPY



Document date	14/11/2024	Document type	Radiology report
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RADIOLOGY REPORT

Examination	MRI right knee
Accession	MGH/RAD/24/402556
Requested by	Mr T Ballantyne, Consultant Orthopaedic Surgeon
Clinical details	Post ORIF tibial plateau. Persistent pain, ?chondral loss.
Reported by	Dr M Ilesanmi, Consultant Radiologist
Report date	14/11/2024

FINDINGS: United lateral tibial plateau fracture with metalwork artefact. Full thickness cartilage loss over an area of approximately 1.5cm in the anterolateral tibial plateau with subchondral marrow signal change. The repaired peripheral lateral meniscal tear appears healed. Medial compartment shows partial thickness cartilage loss with small marginal osteophytes, progressed compared with the 2021 radiographic appearances. Cruciate and collateral ligaments intact. Moderate effusion.

CONCLUSION: Post-traumatic chondral loss in the lateral compartment. Established degenerative change in the medial compartment, progressed from 2021. Findings consistent with early post-traumatic osteoarthritis superimposed on pre-existing degeneration.

Report electronically authorised. Images retained on PACS.

Marnbridge General Hospital NHS Foundation Trust | electronic patient record | verified copy produced for disclosure.



WESSEX TALKING THERAPIES AND CLINICAL
PSYCHOLOGY SERVICE

Suite 3, Aldermoor House, Wessex, WX2 6RB
NHS commissioned service

Mr Adam John, FAIRHURST

D.O.B. 14/03/1988 (Male)

NHS No. 999 111 0038

Service No. WTT/24/40712

42 Larchfield Crescent, Marnbridge Vale, MV7 4NR

Document date: 28/11/2024 Document type: Clinical psychology records

CLINICAL PSYCHOLOGY - THERAPY NOTES

Therapist	Dr E Marwood, Clinical Psychologist
Sessions covered	26/09/2024, 17/10/2024, 07/11/2024, 28/11/2024
Modality	Trauma focused CBT

26/09/2024 Session 2. Psychoeducation and stabilisation. Sleep diary introduced. Nightmares 3 per week. Declined to view photographs of the scene.

17/10/2024 Session 3. Began imaginal reliving. Marked distress, SUDS 85 reducing to 60 within session. Homework: graded travel as front seat passenger.

07/11/2024 Session 4. Completed two short passenger journeys. Continues to avoid the collision junction. Reports low mood related to loss of driving work and of motorcycling, which was his main social activity. IES-R 38.

28/11/2024 Session 5. Cognitive fatigue is limiting engagement with homework; sessions shortened to 40 minutes at his request. IES-R 34, PHQ-9 13. Three further sessions agreed. Neuropsychology referral outstanding; GP asked to progress.

Wessex Talking Therapies | IAPTus clinical record system | confidential.



Document date	03/12/2024	Document type	Outpatient clinic letter
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FRACTURE CLINIC LETTER

Clinic	Trauma and Orthopaedics, Fracture Clinic
Seen by	Mr T Ballantyne, Consultant Orthopaedic Surgeon
Addressed to	Dr H Ramanathan, Culverdene Road Surgery

Date of clinic: 03/12/2024

Dear Doctor

I reviewed Mr Fairhurst with his MRI scan of 14/11/2024. He has post-traumatic chondral loss in the lateral compartment together with degenerative change in the medial compartment which was present before his accident and has since progressed.

He is unable to kneel, cannot stand for more than 30 minutes, and has difficulty with the repeated step in and out of a delivery vehicle that his employment requires. Flexion 0 to 110 degrees.

I have explained that he is likely to develop symptomatic osteoarthritis of this knee, that his accident has accelerated a process that had already begun, and that knee replacement is a realistic prospect in the longer term though not in the next few years given his age. Metalwork removal remains an option. Review 6 months or earlier if required.

Yours sincerely

Mr T Ballantyne, Consultant Orthopaedic Surgeon
Trauma and Orthopaedics



CULVERDENE ROAD SURGERY
Culverdene Road, Marnbridge Vale, MV7 2HD
Tel 01632 960 118 | Practice code X99001 | EMIS Web

Mr Adam John, FAIRHURST
D.O.B. 14/03/1988 (Male)
NHS No. 999 111 0038
Practice No. CRS/0043118
42 Larchfield Crescent, Marnbridge Vale, MV7 4NR

Document date: 05/12/2024 **Document type:** Head injury service assessment

COMMUNITY HEAD INJURY SERVICE - INITIAL ASSESSMENT (COPY FILED IN GP RECORD)

Assessed by	Dr F Nkemelu, Consultant in Rehabilitation Medicine, with G Sandhu, Occupational Therapist
Date of assessment	05/12/2024
Informant	Patient and his partner, Ms C Whelan
Reference	WCHIS/24/0913

HISTORY: Mr Fairhurst sustained a closed head injury on 12/05/2024 in a motorcycle collision. On the ambulance record he was reported to have been unresponsive for about five minutes and his lowest recorded Glasgow Coma Score was 13. He has no recollection of the collision or of about four hours afterwards. CT head was normal. On the criteria we use this is a moderate traumatic brain injury by duration of post-traumatic amnesia, notwithstanding the normal imaging.

CURRENT SYMPTOMS: Headache on most days, worse with screen use and noise. Cognitive fatigue by early afternoon requiring him to lie down. Reduced concentration; unable to follow a television programme or read more than a few pages. Word finding difficulty. Prospective memory failures, relying entirely on written lists and phone reminders. Irritability, described by his partner as the most significant change, with two episodes of shouting at his children which he says are out of character.

FUNCTIONAL IMPACT: His partner has assumed the household finances and all appointment management. He has not resumed driving. He is working 20 hours per week in a redeployed warehouse role, which he reports leaves him unable to do anything on his days off. He has given up motorcycling and no longer sees the group he rode with.

SCREENING: Montreal Cognitive Assessment 24/30, losses in delayed recall and serial subtraction. Rivermead Post Concussion Symptoms Questionnaire total 38. HADS anxiety 13, depression 11.

OPINION: Persisting post-concussional symptoms following a moderate traumatic brain injury, complicated by chronic pain, disturbed sleep and post-traumatic stress symptoms, and by the loss of his occupational and social identity. The pre-accident episode of anxiety and depression in 2019 is a vulnerability factor but had resolved and he was working full time and playing sport before the accident.

PLAN: Neuropsychological assessment. Occupational therapy fatigue management programme, eight sessions. Liaison with his employer through occupational health. Vocational rehabilitation input. Review in four months.

Printed from EMIS Web at Culverdene Road Surgery on 06/02/2026. This printout forms part of the patient health record.



Document date: 06/02/2026 Document type: GP consultation record

CONSULTATION RECORD - PART 2 OF 3 (21/05/2024 to 15/01/2025)

21/05/2024	Dr H Ramanathan (GP) Home visit	Post discharge review following RTC 12/05/2024, see discharge summary. c/o daily frontal headache, poor sleep, difficulty following conversation, tearful. Wound right knee clean, no cellulitis. Left wrist cast intact. NWB, coping with crutches at home. Advised continue analgesia, reduce naproxen when able. Head injury symptoms discussed, review 4 weeks. Fit note 6 weeks.
21/06/2024	Dr H Ramanathan (GP) Surgery consultation	Review. Knee comfortable at rest, sore on transfer. Headaches continuing, 4 to 5 days per week, worse with screen use. Sleep 5 hours. Repeat co-codamol issued. Fracture clinic 25/06/2024 awaited.
07/08/2024	Dr L Whitcombe (GP) Surgery consultation	c/o persistent headache, dizziness on standing, poor concentration, word finding difficulty, irritability, intolerance of noise. Partner reports personality change and short temper. Unable to contemplate return to driving work. O/E neurologically intact, BP 126/80 no postural drop. Impression post-concussion syndrome. Rx amitriptyline 10mg nocte. Referral to community head injury service. Sick note 8 weeks.
12/09/2024	Dr L Whitcombe (GP) Telephone consultation	Reports nightmares and flashbacks of the collision, avoiding travelling by road as a passenger, has sold his motorcycle. Psychology assessment today, see report. Continue amitriptyline.
15/01/2025	Dr H Ramanathan (GP) Surgery consultation	c/o right knee pain on stairs and after standing, occasional sense of instability. Metalwork palpable laterally, mildly tender. Mood low, sleep poor, PHQ-9 14, GAD-7 11. Not currently on antidepressant, engaged with psychology. Repeat co-codamol. Continue physiotherapy.

Printed from EMIS Web at Culverdene Road Surgery on 06/02/2026. This printout forms part of the patient health record.



Document date: 16/01/2025 **Document type:** Occupational therapy home visit report

COMMUNITY OCCUPATIONAL THERAPY - HOME ASSESSMENT REPORT (COPY FILED IN GP RECORD)

Assessed by	G Sandhu, Occupational Therapist, Wessex Community Head Injury Service
Present	Patient and his partner, Ms C Whelan
Property	Two bedroom mid terrace, bathroom upstairs, 13 stairs with single handrail
Reference	WCHIS/24/0913

REASON FOR VISIT: Home assessment as part of the fatigue management and vocational rehabilitation programme, and to assess safety on stairs and in the bathroom.

FUNCTIONAL FINDINGS: Mr Fairhurst manages the stairs one at a time leading with the left leg and holding the rail; he reports two near falls since discharge, neither resulting in injury. He cannot kneel and cannot get into the bath, and has been washing at the basin since May 2024. He can prepare a simple meal but reports burning pans twice through forgetting them, and his partner now supervises cooking. He uses a written list for all tasks and a phone alarm for medication.

CARE AND ASSISTANCE: His partner assists with the shopping, all appointment arrangements, the household finances and prompting for medication, which she estimates at around an hour a day, and more on the days after he works. She reduced her own hours from 30 to 22 per week in September 2024 in order to do so. His mother collects the children from school twice a week.

RECOMMENDATIONS AND EQUIPMENT PROVIDED: second stair rail, bath board and long handled sponge, perching stool for the kitchen, kettle tipper, and a written fatigue management plan with a weekly activity diary. Referral to the falls prevention exercise group. Advised on cooker safety and a timer with an audible alarm.

PLAN: Eight session fatigue management programme commencing 30/01/2025. Review at completion. Vocational liaison with occupational health.

Printed from EMIS Web at Culverdene Road Surgery on 06/02/2026. This printout forms part of the patient health record.

Document date: 30/01/2025 Document type: Occupational therapy session notes

COMMUNITY OCCUPATIONAL THERAPY - FATIGUE MANAGEMENT SESSION NOTES (COPY FILED IN GP RECORD)

30/01/2025	Session 1 of 8 G Sandhu, Occupational Therapist	Education on cognitive fatigue and the activity, rest and restorative model. Activity diary introduced. Reports needing to lie down for 90 minutes on each of his four working days.
13/02/2025	Session 2 of 8 G Sandhu, Occupational Therapist	Diary reviewed. Pattern of overactivity on non-working days followed by two days of exhaustion. Pacing plan agreed. Compensatory memory strategies introduced, including a single diary system and a task list on the fridge.
27/02/2025	Session 3 of 8 G Sandhu, Occupational Therapist	Reports increased knee pain and reduced walking tolerance since returning to warehouse work. Advised to raise with physiotherapy and GP. Fatigue diary shows no improvement in afternoon fatigue.
10/04/2025	Session 8 of 8, discharge G Sandhu, Occupational Therapist	Programme completed, 7 of 8 sessions attended. Fatigue diary shows modest improvement in pacing but unchanged total rest requirement. Continues to require a written system for all tasks. Discharged with a written plan. Neuropsychology assessment still awaited. Recommend review by rehabilitation medicine.

Printed from EMIS Web at Culverdene Road Surgery on 06/02/2026. This printout forms part of the patient health record.



WESSEX TALKING THERAPIES AND CLINICAL
PSYCHOLOGY SERVICE

Suite 3, Aldermoor House, Wessex, WX2 6RB
NHS commissioned service

Mr Adam John, FAIRHURST

D.O.B. 14/03/1988 (Male)

NHS No. 999 111 0038

Service No. WTT/24/40712

42 Larchfield Crescent, Marnbridge Vale, MV7 4NR

Document date: 13/02/2025 Document type: Psychology discharge letter

CLINICAL PSYCHOLOGY DISCHARGE LETTER

From	Dr E Marwood, Clinical Psychologist
To	Dr L Whitcombe, Culverdene Road Surgery
Sessions delivered	8 of 8 offered, between 12/09/2024 and 06/02/2025

Dear Dr Whitcombe

Mr Fairhurst has completed eight sessions of trauma focused cognitive behavioural therapy. On discharge his IES-R has fallen from 48 to 26 and his PHQ-9 from 16 to 12. He is able to travel as a front seat passenger and has driven a car short distances, but has not returned to the collision junction and does not intend to ride a motorcycle again.

He continues to experience nightmares about once a week, and low mood which in my view is now driven less by the trauma than by his loss of occupation, his ongoing knee pain and his cognitive difficulties. He remains symptomatic but no longer meets the full criteria for post-traumatic stress disorder.

Progress was limited throughout by cognitive fatigue, which shortened sessions and impaired his ability to complete homework between them. I would expect further psychological work to be of more benefit once his cognitive rehabilitation is established, and I have advised him to re-refer through you at that stage. The waiting time for further trauma work is currently about four months.

Yours sincerely

Wessex Talking Therapies | IAPTus clinical record system | confidential.

Instructed by Vanmark Logistics Ltd

Patient	Mr Adam John FAIRHURST	D.O.B.	14/03/1988	NHS No.	999 111 0038	Employee ref	VML/00417
						Document date	18/02/2025
						Document type	Sickness absence record

SICKNESS ABSENCE RECORD SUPPLIED BY EMPLOYER

Period	Working days lost	Reason recorded	Certification
14/06/2016 to 20/06/2016	5	Back pain	Med 3
09/02/2022 to 09/02/2022	1	Gastroenteritis	Self certified
12/05/2024 to 05/01/2025	168	Road traffic collision, multiple injuries	Med 3, continuous
06/01/2025 onwards	-	Returned, redeployed 20 hours per week	Phased return, adjustments in place

Company sick pay exhausted 03/11/2024; statutory sick pay thereafter. Provided by Vanmark Logistics Ltd HR.

Aldenshaw Occupational Health Ltd | report produced under SEQOHS accreditation | confidential to the addressee.



Instructed by Vanmark Logistics Ltd

Patient	Mr Adam John FAIRHURST	D.O.B.	14/03/1988	NHS No.	999 111 0038	Employee ref	VML/00417
						Document date	18/02/2025
						Document type	Occupational health report

OCCUPATIONAL HEALTH REVIEW REPORT

Employee	Mr A J Fairhurst
Employer	Vanmark Logistics Ltd
Job title	Warehouse operative (redeployed), formerly delivery driver
Assessed by	Dr P Kavanagh, Occupational Physician
Consent	Employee consented to disclosure of this report to the employer

Mr Fairhurst returned to work on 06/01/2025 in a redeployed warehouse role, 20 hours per week over 4 days. He reports coping with the hours but with significant fatigue on working days and increased knee pain by the end of a shift. He has not resumed driving duties.

OPINION: He remains unfit for multi-drop driving. The limiting factors are cognitive fatigue and the knee. I would not expect a return to his previous role within the next 12 months and it may not prove achievable. His current role is sustainable with the adjustments in place, though an increase beyond 25 hours per week is unlikely to be tolerated in the short term.

RECOMMENDATIONS: Continue redeployment and adjustments. Consider permanent variation of contract if the position is unchanged at 12 months. Review in 6 months.

This report is provided to the employer with the employee's consent and is confidential. It contains an opinion on fitness for work and not a clinical diagnosis.

Aldenshaw Occupational Health Ltd | report produced under SEQOHS accreditation | confidential to the addressee.

Mr Adam John, FAIRHURST
D.O.B. 14/03/1988 (Male)
NHS No. 999 111 0038
Trust No. SAH/N/118206
42 Larchfield Crescent, Marnbridge Vale, MV7 4NR

Wessex Regional
Neurosciences Centre

St Aldate's Hospital NHS Foundation Trust,
Cardington Way, Wessex, WX1 4QG
Tel 01632 961 800 | Trust code RXA | Neurology
outpatients



Document date 04/03/2025 Document type Radiology report

RADIOLOGY REPORT

Examination	MRI head, including susceptibility weighted imaging
Accession	SAH/RAD/25/118206
Requested by	Dr F Nkemelu, Rehabilitation Medicine, on behalf of the neurology clinic
Clinical details	Traumatic brain injury 12/05/2024, LOC and PTA, normal CT at presentation. Persisting cognitive symptoms and headache.
Reported by	Dr H Salamanca, Consultant Neuroradiologist
Report date	04/03/2025

FINDINGS: Susceptibility weighted imaging demonstrates two small foci of haemosiderin, one at the left frontal grey-white matter junction measuring 3mm and one at the right temporal grey-white matter junction measuring 2mm. No extra-axial collection. No cortical contusion. Mild generalised volume loss for stated age. No hydrocephalus. Normal appearances of the corpus callosum on conventional sequences.

CONCLUSION: Two foci of haemosiderin at grey-white matter junctions, in typical locations for traumatic axonal shear injury and consistent with the reported mechanism. Such lesions are frequently not visible on CT and their absence on the CT of 12/05/2024 does not exclude them. Mild volume loss of uncertain significance in isolation.

Report electronically authorised. Images retained on PACS.

St Aldates Hospital NHS Foundation Trust, Neurosciences. Dictated and authorised electronically; not signed.



Document date	12/03/2025	Document type	Physiotherapy attendance log
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PHYSIOTHERAPY ATTENDANCE AND DISCHARGE LOG

Date	Session	Therapist	Outcome
09/07/2024	Initial assessment	A Vasilenko	Attended
16/07/2024	Treatment 1	A Vasilenko	Attended
23/07/2024	Treatment 2	R Prashad	Cancelled by service
30/07/2024	Treatment 2	R Prashad	Attended
13/08/2024	Treatment 3	A Vasilenko	Attended
03/09/2024	Treatment 4	A Vasilenko	Did not attend (migraine)
10/09/2024	Treatment 4	R Prashad	Attended
24/09/2024	Treatment 5	R Prashad	Attended
08/10/2024	Treatment 6	A Vasilenko	Attended
15/10/2024	Discharge review	A Vasilenko	Attended
12/03/2025	Open access review	R Prashad	Attended

Eight treatment sessions delivered of eight offered, one non-attendance, one service cancellation.

Marnbridge Community Health Services | TPP SystmOne | printed 06/02/2026.

Mr Adam John, FAIRHURST
D.O.B. 14/03/1988 (Male)
NHS No. 999 111 0038
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Wessex Regional Neurosciences Centre
St Aldate's Hospital NHS Foundation Trust, Cardington Way,
Wessex, WX1 4QG
Tel 01632 961 800 | Trust code RXA | Neurology outpatients



Document date 18/03/2025 Document type Neurology clinic letter

NEUROLOGY OUTPATIENT CLINIC LETTER

Clinic	Post-traumatic headache clinic
Seen by	Dr I Varga, Consultant Neurologist
To	Dr H Ramanathan, Culverdene Road Surgery
Copied to	Dr F Nkemelu, Wessex Community Head Injury Service

Dear Dr Ramanathan

Thank you for referring Mr Fairhurst, whom I saw today with his partner. He sustained a traumatic brain injury on 12/05/2024 with loss of consciousness and post-traumatic amnesia, and has had daily or near daily headache since.

He describes a bilateral frontal pressure headache present on around 20 days a month, aggravated by screen use, noise and cognitive effort, with associated photophobia and, on around four days a month, nausea. He takes co-codamol on most days and has done since discharge. In my view he now has post-traumatic headache with a significant component of medication overuse headache superimposed upon it.

His MRI head of 04/03/2025 shows two foci of haemosiderin at grey-white matter junctions consistent with traumatic axonal injury. I have explained to him and to his partner that these are objective evidence of injury to the brain, that they are commonly invisible on CT, and that they are consistent with the difficulties he describes.

PLAN: withdraw co-codamol over four weeks with GP support; commence propranolol 40mg twice daily as prophylaxis, titrating as tolerated; headache diary; review in six months. I have warned him that headache will worsen before it improves during withdrawal.

Yours sincerely

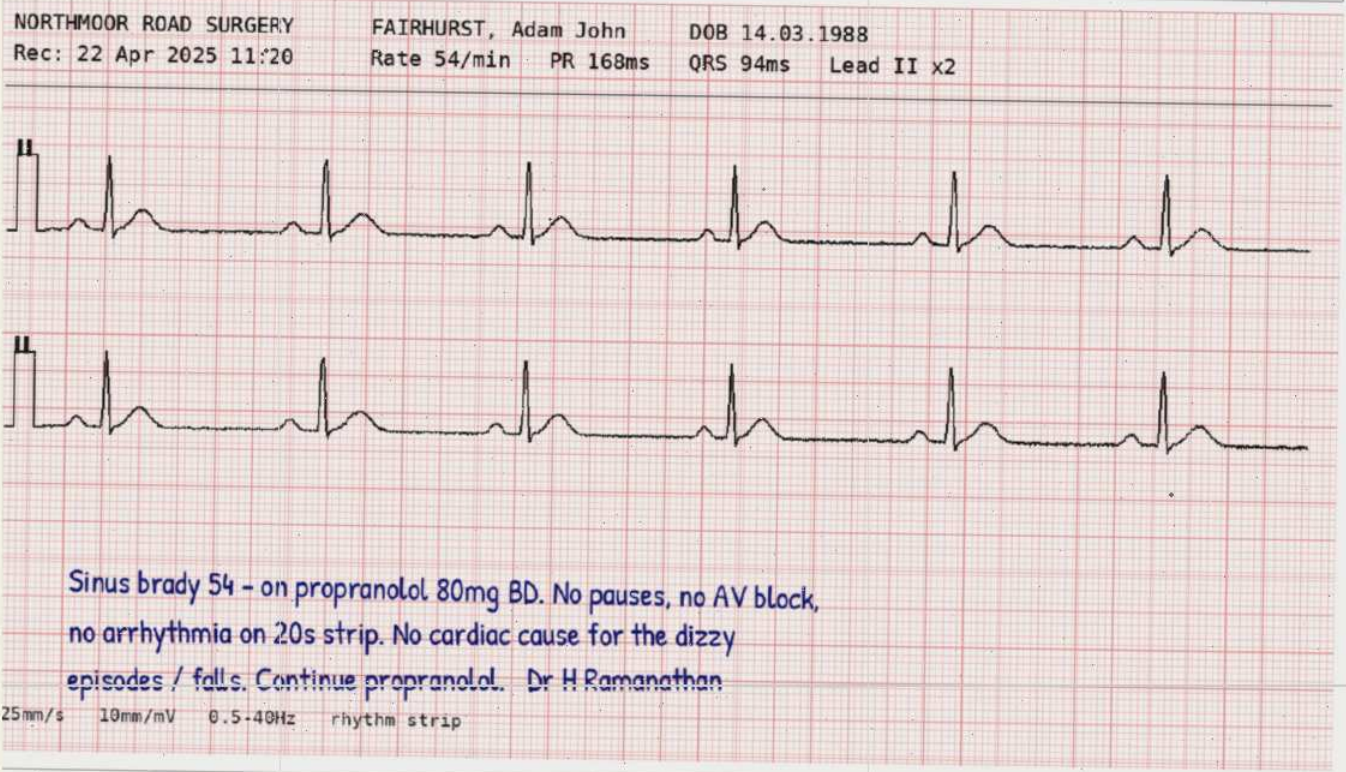
St Aldates Hospital NHS Foundation Trust, Neurosciences. Dictated and authorised electronically; not signed.

RECEIVED
24 MAR 2025



ELECTROCARDIOGRAM - RHYTHM STRIP (PRACTICE ECG)

Indication	Recurrent light headedness and falls. On propranolol. Exclude cardiac cause.
Recorded by	Nurse P Adeyemi
Ventricular rate	54 bpm
Rhythm	Sinus with respiratory variation
PR interval	168 ms
QRS duration	94 ms
Lying and standing BP	126/78 lying, 120/76 standing, no postural drop



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Document date: 22/04/2025 **Document type:** Neuropsychology referral

NEUROPSYCHOLOGY REFERRAL AND WAITING LIST NOTIFICATION (FILED IN GP RECORD)

From	Wessex Community Head Injury Service
To	Regional Neuropsychology Service, and copied to GP
Reference	WCHIS/24/0913 / NP/25/0447

Referral for neuropsychological assessment of persisting cognitive impairment following a moderate traumatic brain injury sustained on 12/05/2024. Screening MoCA 24/30 with losses in delayed recall and working memory. He has completed a fatigue management programme with limited benefit and remains unable to return to his pre-accident occupation as a driver.

The current waiting time for neuropsychological assessment in this region is 11 months. The patient and his GP have been notified. If assessment is being arranged privately or through any other route, please inform this service so that the referral can be withdrawn.

Printed from EMIS Web at Culverdene Road Surgery on 06/02/2026. This printout forms part of the patient health record.



Document date	12/06/2025
Document type	Private treatment estimate

Mr Adam John, FAIRHURST

D.O.B. 14/03/1988 (Male)

NHS No. 999 111 0038

Patient No. CF/OP/40921

42 Larchfield Crescent, Marnbridge Vale, MV7 4NR

WRITTEN ESTIMATE OF CHARGES FOR PROPOSED TREATMENT

Item	Provider	Basis	Estimate
Arthroscopic debridement and removal of metalwork, right knee, day case	Calderfell Hospital	Fixed price package	GBP 6,850
Consultant surgeon fee (included in package)	Mr J Haldane-Price	Included	Included
Post-operative physiotherapy, 6 sessions	Calderfell Hospital	Per session GBP 65	GBP 390
Follow up consultation x 2	Mr J Haldane-Price	Per consultation GBP 220	GBP 440
Indicative estimate, total knee arthroplasty if required in future	Calderfell Hospital	2025 prices, indicative only	GBP 14,200

Estimate valid for 90 days from the date of issue. Prices at 2025 rates. Not a quotation for insured treatment.

Calderfell Hospital, Cranleigh Park. Registered in England. Regulated by the Care Quality Commission.



Document date	12/06/2025
Document type	Private orthopaedic consultation letter

Mr Adam John, FAIRHURST

D.O.B. 14/03/1988 (Male)

NHS No. 999 111 0038

Patient No. CF/OP/40921

42 Larchfield Crescent, Marnbridge Vale, MV7 4NR

PRIVATE ORTHOPAEDIC CONSULTATION

Consultant	Mr J Haldane-Price FRCS (Tr and Orth)
Basis of attendance	Self funded second opinion
To	Dr H Ramanathan, Culverdene Road Surgery
Copied to	Patient

Dear Dr Ramanathan

I saw Mr Fairhurst at Calderfell Hospital today at his own expense for a second opinion on his right knee. He brought his imaging with him.

He is 13 months from an arthroscopically assisted fixation of a Schatzker II lateral tibial plateau fracture with a lateral meniscal repair. He now has anterolateral pain on loading, an effusion after work, episodes of giving way, and prominent tender metalwork. He cannot kneel. Walking tolerance is about 15 minutes. Examination shows a healed scar, small effusion, flexion 0 to 105 degrees, tenderness over the plate, and lateral joint line tenderness with a stable knee.

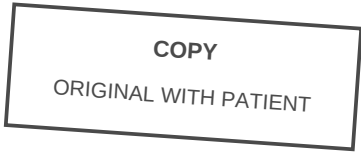
His imaging shows united fracture, full thickness chondral loss in the lateral compartment, and degenerative change in the medial compartment which was present radiologically in 2021 and has progressed.

In my opinion he has post-traumatic osteoarthritis of the lateral compartment superimposed on pre-existing medial compartment degeneration. But for the accident I would have expected the medial compartment changes to have become symptomatic in his mid to late fifties and to have required arthroplasty in his sixties. As matters stand I would expect him to require total knee arthroplasty in his mid forties, that is to say approximately ten to fifteen years earlier than would otherwise have been the case, and to require at least one revision in his lifetime.

I recommend arthroscopic debridement with removal of metalwork now, which should improve the lateral pain and the mechanical symptoms. I have given him a written estimate. He remains, in my view, permanently unfit for multi-drop delivery driving and for any work requiring kneeling, squatting or repeated stair or step access.

Yours sincerely

Calderfell Hospital, Cranleigh Park. Registered in England. Regulated by the Care Quality Commission.



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Wessex Regional Neurosciences
Centre



St Aldate's Hospital NHS Foundation Trust, Cardington Way,
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Tel 01632 961 800 | Trust code RXA | Neurology outpatients

Document date 15/09/2025 Document type Neurology follow up letter

NEUROLOGY OUTPATIENT FOLLOW UP LETTER

Clinic	Post-traumatic headache clinic
Seen by	Dr I Varga, Consultant Neurologist
To	Dr H Ramanathan, Culverdene Road Surgery
Copied to	Patient; DVLA report to follow separately

Dear Dr Ramanathan

I reviewed Mr Fairhurst today, six months after starting treatment. He completed the co-codamol withdrawal in May 2025 with a difficult four weeks, and is now taking propranolol 80mg twice daily.

His headache diary shows a reduction from around 20 headache days a month to around 10, of which two or three remain severe enough to require him to stop what he is doing and lie down. The photophobia has improved. He continues to describe cognitive fatigue by early afternoon, word finding difficulty and irritability, none of which has changed.

In my opinion the medication overuse element has resolved and what remains is post-traumatic headache attributable to the injury of 12/05/2024. Sixteen months on, and with objective imaging evidence of axonal injury, I think it unlikely that he will return to being headache free, and I would expect his present level of symptoms to persist in the long term with modest further improvement at best.

I have completed the DVLA report in relation to his C1 entitlement. I am unable to support unrestricted return to safety critical driving at present, principally because of cognitive fatigue rather than the headache itself.

PLAN: continue propranolol; annual review; re-refer if deterioration.

Yours sincerely

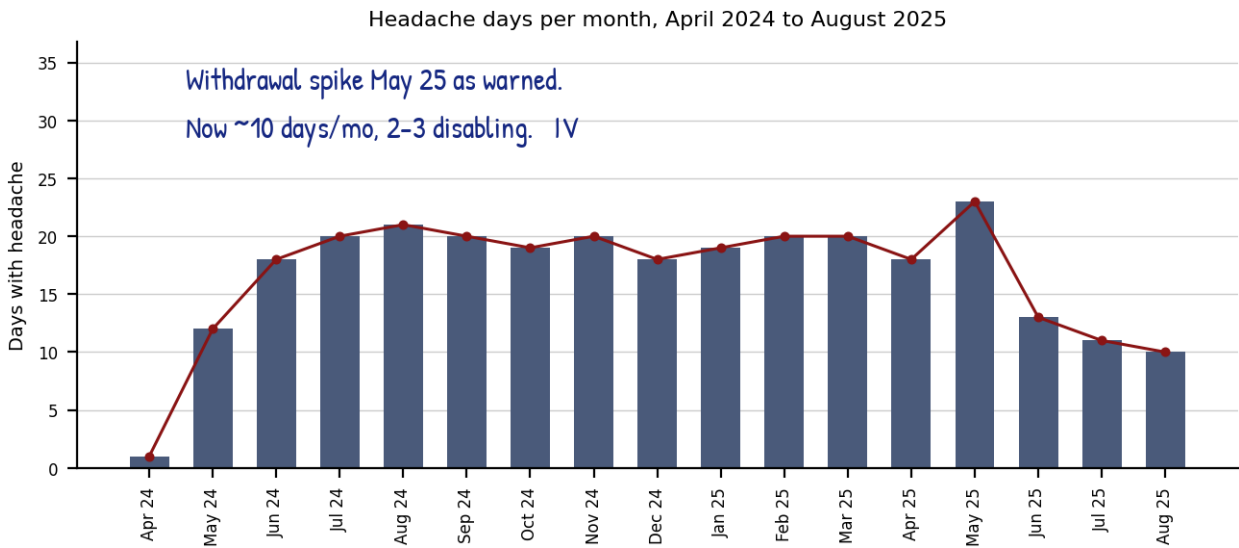
St Aldates Hospital NHS Foundation Trust, Neurosciences. Dictated and authorised electronically; not signed.

Mr Adam John, FAIRHURST
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NHS No. 999 111 0038
Trust No. SAH/N/118206
42 Larchfield Crescent, Marnbridge Vale, MV7 4NR

Document date 15/09/2025 Document type Headache diary chart

HEADACHE DIARY - MONTHLY SUMMARY

Compiled	15/09/2025, post-traumatic headache clinic
Source	Patient completed paper diary, April 2024 to August 2025
Clinician	Dr I Varga, Consultant Neurologist
Treatment	Co-codamol withdrawn April to May 2025; propranolol from March 2025, 80mg twice daily from June 2025



Diary summary compiled with the patient. April 2024 is the month before the injury and is shown for comparison.

St Aldates Hospital NHS Foundation Trust, Neurosciences. Dictated and authorised electronically; not signed.



Document date: 19/09/2025 **Document type:** DVLA correspondence

DVLA CORRESPONDENCE (FILED IN GP RECORD)

From	Drivers Medical Group, DVLA, Swansea
Reference	DVLA/9911472/AF
Licence category	B and C1, C1 entitlement under review

Dear Mr Fairhurst

Thank you for notifying us of your medical condition. We have received the report from your general practitioner dated 27/08/2025.

Your entitlement to drive category B vehicles is not at present affected. Your C1 entitlement is under review and we require a further report addressing cognitive function, fatigue and any residual visual or vestibular symptoms. We may ask you to undergo an assessment at a mobility centre.

You must not drive category C1 vehicles until we write to you again.

Printed from EMIS Web at Culverdene Road Surgery on 06/02/2026. This printout forms part of the patient health record.



Document date: 06/02/2026 Document type: GP consultation record

CONSULTATION RECORD - PART 3 OF 3 (09/06/2025 to 14/01/2026)

09/06/2025	Dr H Ramanathan (GP) Surgery consultation	c/o right knee pain worse over 3 months, giving way twice on stairs, swelling after work. O/E effusion, flexion 0 to 105, lateral metalwork tender. Re-referral to T&O; made. Co-codamol continued. Discussed reduction in hours with employer.
22/07/2025	Mr T Ballantyne (Consultant, letter filed) Hospital letter filed	T&O; clinic letter 22/07/2025 filed. Symptomatic lateral metalwork and progressive lateral compartment chondral loss. Listed for metalwork removal and arthroscopic debridement. Advised that knee arthroplasty will probably be required in due course but should be deferred as long as possible given age. Not fit to return to driving occupation.
04/11/2025	Dr L Whitcombe (GP) Surgery consultation	c/o low mood, poor sleep, ruminating about the accident and about work. PHQ-9 15, GAD-7 12. Psychology sessions completed, waiting list for further trauma work 4 months. Rx sertraline 50mg od restarted. Review 4 weeks.
14/01/2026	Dr H Ramanathan (GP) Telephone consultation	Medication review. Sertraline 50mg tolerated, mood slightly improved. Co-codamol 2 to 4 tablets most days. Awaiting date for metalwork removal. Still working 20 hours per week.

Printed from EMIS Web at Culverdene Road Surgery on 06/02/2026. This printout forms part of the patient health record.



Document date: 06/02/2026 Document type: Administrative record

APPOINTMENT HISTORY (ALL APPOINTMENTS)

Date	Time	Clinician	Appointment type	Outcome
04/02/2014	14:50	Dr H Ramanathan	Medication review	Attended
14/02/2014	14:50	Dr L Whitcombe	Nurse appointment	Attended
13/03/2014	14:10	Dr S Oduya (locum)	Nurse appointment	Cancelled by patient
28/03/2014	10:00	HCA J Merrick	Surgery appointment	DNA
28/04/2014	16:50	Dr H Ramanathan	Blood test	Attended
07/05/2014	15:10	Dr S Oduya (locum)	Online consultation	Cancelled by practice
07/06/2014	10:50	Dr L Whitcombe	Medication review	Cancelled by patient
29/06/2014	16:40	Dr S Oduya (locum)	Blood test	DNA
06/07/2014	08:10	Nurse P Adeyemi	Telephone appointment	Attended
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01/09/2014	08:40	Dr H Ramanathan	Medication review	Attended
18/09/2014	16:50	Dr H Ramanathan	Surgery appointment	Attended
26/09/2014	08:00	Dr S Oduya (locum)	Nurse appointment	Attended
26/10/2014	16:10	Nurse P Adeyemi	Nurse appointment	Cancelled by patient
02/11/2014	16:30	Dr S Oduya (locum)	Telephone appointment	Attended
10/11/2014	16:10	Dr L Whitcombe	Blood test	DNA
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24/12/2014	09:30	Dr H Ramanathan	Online consultation	DNA
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25/05/2015	11:40	Dr S Oduya (locum)	Medication review	Cancelled by practice
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25/01/2026	10:00	Dr L Whitcombe	Nurse appointment	DNA

Administrative record. Appointment outcomes are recorded by reception staff and are not clinical entries.

Printed from EMIS Web at Culverdene Road Surgery on 06/02/2026. This printout forms part of the patient health record.



Document date: 06/02/2026 **Document type:** GP covering letter

COVERING LETTER - DISCLOSURE OF MEDICAL RECORDS

Our reference	CRS/SAR/26/0411
Request received	22/01/2026
Request type	Access to health records, patient consent enclosed
Records supplied	Full computerised record, filed hospital correspondence, and administrative record

Dear Sirs

We enclose a copy of the health records held by this practice for the above named patient, printed on 06/02/2026. The computerised record is complete from the date of registration on 04/09/2009. Correspondence received from other providers is filed within the record and copies are included.

The practice holds no paper Lloyd George record for this patient. Where hospital correspondence refers to enclosures such as radiographs or photographs, those items are not held by the practice.

Yours faithfully

Practice Manager, Culverdene Road Surgery

Printed from EMIS Web at Culverdene Road Surgery on 06/02/2026. This printout forms part of the patient health record.





Document date: 06/02/2026 Document type: Administrative record

IMMUNISATIONS, RECALLS AND ADMINISTRATIVE CODES

Date	Code	Description	Entered by
04/09/2009	9NgA	Registration with practice	Reception
12/10/2012	65E	Tetanus booster	Nurse P Adeyemi
18/09/2017	68B	Seasonal influenza vaccination declined	Nurse P Adeyemi
07/01/2023	68B1	NHS health check completed	Nurse P Adeyemi
07/01/2023	137R	Current smoker	Nurse P Adeyemi
07/01/2023	8CAL	Smoking cessation advice given	Nurse P Adeyemi
20/05/2024	9N19	Hospital discharge letter received	Reception
22/05/2024	9D1	Fit note issued, 6 weeks	Dr H Ramanathan
08/08/2024	9D1	Fit note issued, 8 weeks	Dr L Whitcombe
08/08/2024	8H4	Referred to community head injury service	Dr L Whitcombe
04/10/2024	9N19	Occupational health report received	Reception
06/01/2025	13JW	Returned to work, modified duties	Dr H Ramanathan
23/07/2025	9N19	Hospital clinic letter received	Reception

Coded administrative entries. Clinical detail is held in the consultation record.

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CULVERDENE ROAD SURGERY
Culverdene Road, Marnbridge Vale, MV7 2HD
Tel 01632 960 118 | Practice code X99001 | EMIS Web

Mr Adam John, FAIRHURST
D.O.B. 14/03/1988 (Male)
NHS No. 999 111 0038
Practice No. CRS/0043118
42 Larchfield Crescent, Marnbridge Vale, MV7 4NR

Document date: 06/02/2026 **Document type:** Administrative record

STATEMENTS OF FITNESS FOR WORK (MED 3) ISSUED

Date issued	Reason stated	Advice	Period	Issued by
14/06/2016	Low back pain	Not fit for work	5 days	Dr H Ramanathan
18/05/2024	Multiple injuries following RTC	Not fit for work	6 weeks	MGH Ward 11
22/05/2024	Fracture right tibial plateau, head injury	Not fit for work	6 weeks	Dr H Ramanathan
03/07/2024	Fracture right tibial plateau, head injury	Not fit for work	6 weeks	Dr H Ramanathan
08/08/2024	Post-concussion syndrome	Not fit for work	8 weeks	Dr L Whitcombe
03/10/2024	Post-concussion syndrome, knee injury	May be fit with adjustments	8 weeks	Dr L Whitcombe
28/11/2024	Post-concussion syndrome, knee injury	May be fit with adjustments	6 weeks	Dr L Whitcombe

Copies of the statements themselves are retained electronically. Periods run from the date of issue.

Printed from EMIS Web at Culverdene Road Surgery on 06/02/2026. This printout forms part of the patient health record.



Document date: 06/02/2026 **Document type:** Filed correspondence log

LOG OF CORRESPONDENCE RECEIVED AND FILED

Date received	From	Document	Filed by
20/05/2024	Marnbridge General Hospital	Inpatient discharge summary	Reception
31/05/2024	Marnbridge General Hospital	Fracture clinic letter 28/05/2024	Reception
28/06/2024	Marnbridge General Hospital	Fracture clinic letter 25/06/2024	Reception
29/08/2024	Wessex Community Head Injury Service	Referral acknowledgement	Reception
23/08/2024	Marnbridge General Hospital	Fracture clinic letter 20/08/2024	Reception
17/09/2024	Wessex Talking Therapies	Psychology assessment 12/09/2024	Reception
04/10/2024	Aldenshaw Occupational Health	OH report 03/10/2024	Reception
06/12/2024	Marnbridge General Hospital	Fracture clinic letter 03/12/2024	Reception
11/12/2024	Wessex Community Head Injury Service	Initial assessment 05/12/2024	Reception
22/01/2025	Wessex Community Head Injury Service	OT home assessment 16/01/2025	Reception
20/02/2025	Aldenshaw Occupational Health	OH review report 18/02/2025	Reception
18/02/2025	Wessex Talking Therapies	Psychology discharge letter 13/02/2025	Reception
15/04/2025	Wessex Community Head Injury Service	OT discharge note 10/04/2025	Reception
28/04/2025	Wessex Community Head Injury Service	Neuropsychology referral 22/04/2025	Reception
23/07/2025	Marnbridge General Hospital	T&O; clinic letter 22/07/2025	Reception
24/09/2025	DVLA Drivers Medical Group	Licence review correspondence	Reception

Correspondence is filed electronically on receipt. The date received is not the date of the document.

Printed from EMIS Web at Culverdene Road Surgery on 06/02/2026. This printout forms part of the patient health record.



Document date: 06/02/2026 Document type: Observations and results log

OBSERVATIONS AND INVESTIGATION RESULTS (ALL)

Date	Item	Value	Recorded by
18/09/2017	Weight	84.5 kg	Nurse P Adeyemi
18/09/2017	Blood pressure	124/78	Nurse P Adeyemi
07/01/2023	Weight	86.2 kg	Nurse P Adeyemi
07/01/2023	Body mass index	28.1	Nurse P Adeyemi
07/01/2023	Total cholesterol	4.9 mmol/L	Laboratory
07/01/2023	HbA1c	34 mmol/mol	Laboratory
03/04/2019	PHQ-9	12	Dr L Whitcombe
03/04/2019	GAD-7	9	Dr L Whitcombe
09/05/2019	PHQ-9	8	Dr L Whitcombe
22/08/2019	PHQ-9	4	Dr L Whitcombe
22/08/2019	GAD-7	3	Dr L Whitcombe
21/05/2024	Weight	90.1 kg	Dr H Ramanathan
21/05/2024	Body mass index	29.4	Dr H Ramanathan
07/08/2024	Blood pressure	126/80	Dr L Whitcombe
15/01/2025	PHQ-9	14	Dr H Ramanathan
15/01/2025	GAD-7	11	Dr H Ramanathan
04/11/2025	PHQ-9	15	Dr L Whitcombe
04/11/2025	GAD-7	12	Dr L Whitcombe
04/11/2025	Weight	95.3 kg	Dr L Whitcombe
04/11/2025	Body mass index	31.1	Dr L Whitcombe

Coded observations. Some values also appear in the consultation record.

Printed from EMIS Web at Culverdene Road Surgery on 06/02/2026. This printout forms part of the patient health record.



Document date: 06/02/2026 Document type: GP patient summary

PATIENT SUMMARY (COMPUTERISED RECORD)

Printed	06/02/2026
Printed by	Practice administrator
Record type	Full computerised record, all entries
Request	Silk Medical Records (training specimen)

SIGNIFICANT PROBLEMS AND DIAGNOSES

Date entered	Problem	Status
14/06/2016	Mechanical low back pain	Resolved 05/07/2016
03/04/2019	Mixed anxiety and depressive disorder	Resolved 30/10/2019
11/03/2021	Right knee injury - twisting	Resolved 02/04/2021
12/05/2024	Fracture of lateral tibial plateau, right	Active
12/05/2024	Fracture of distal radius, left	Resolved 24/09/2024
12/05/2024	Head injury with loss of consciousness	Active
07/08/2024	Post-concussion syndrome	Active
12/09/2024	Post-traumatic stress disorder	Active
03/12/2024	Post-traumatic osteoarthritis of knee	Active

ALLERGIES AND SENSITIVITIES

Date	Substance	Reaction
-	No known drug allergies	-

LIFESTYLE AND OBSERVATIONS (LATEST)

Date	Item	Value
07/01/2023	Smoking status	Current smoker, 10 per day
07/01/2023	Alcohol	12 units per week
07/01/2023	Body mass index	28.1
07/01/2023	Blood pressure	128/80
21/05/2024	Body mass index	29.4

This printout was produced from the practice clinical system. Entry dates are the dates on which data were recorded and do not necessarily correspond to the date of onset of the condition.

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Document date: 06/02/2026 Document type: GP medication history

MEDICATION HISTORY (ALL ISSUES)

Issue date	Drug	Directions	Quantity
14/06/2016	Ibuprofen 400mg tablets	One three times daily PRN	1 x 30
03/04/2019	Sertraline 50mg tablets	One daily	1 x 28
09/05/2019	Sertraline 50mg tablets	One daily	1 x 28
07/06/2019	Sertraline 50mg tablets	One daily	2 x 28
22/08/2019	Sertraline 50mg tablets	One daily	2 x 28
18/05/2024	Enoxaparin 40mg/0.4ml injection	40mg daily for 42 days	1 x 42
18/05/2024	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
18/05/2024	Naproxen 500mg tablets	One twice daily	1 x 28
18/05/2024	Omeprazole 20mg capsules	One daily	1 x 28
21/06/2024	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
07/08/2024	Amitriptyline 10mg tablets	One at night	1 x 28
15/01/2025	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
04/11/2025	Sertraline 50mg tablets	One daily	1 x 28
14/01/2026	Sertraline 50mg tablets	One daily	2 x 28
21/06/2024	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
21/06/2024	Amitriptyline 10mg tablets	One at night	1 x 28
19/07/2024	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
19/07/2024	Amitriptyline 10mg tablets	One at night	1 x 28
16/08/2024	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
16/08/2024	Amitriptyline 10mg tablets	One at night	1 x 28
13/09/2024	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
13/09/2024	Amitriptyline 10mg tablets	One at night	1 x 28
11/10/2024	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
11/10/2024	Amitriptyline 10mg tablets	One at night	1 x 28
08/11/2024	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
08/11/2024	Amitriptyline 10mg tablets	One at night	1 x 28
06/12/2024	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
03/01/2025	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
31/01/2025	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
28/02/2025	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
28/03/2025	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
25/04/2025	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
23/05/2025	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
20/06/2025	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
18/07/2025	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
15/08/2025	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
12/09/2025	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
10/10/2025	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
07/11/2025	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
07/11/2025	Sertraline 50mg tablets	One daily	1 x 28
05/12/2025	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
05/12/2025	Sertraline 50mg tablets	One daily	1 x 28

Issue date	Drug	Directions	Quantity
02/01/2026	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
02/01/2026	Sertraline 50mg tablets	One daily	1 x 28
30/01/2026	Co-codamol 30/500mg tablets	Two four times daily PRN	1 x 100
30/01/2026	Sertraline 50mg tablets	One daily	1 x 28

All issues shown. Repeat and acute prescriptions are not distinguished on this printout.

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