



Medical Treatment Summary and Chronology of Treatment

Mr Adam John Fairhurst
(Case Ref. DF2004-B0816-1)

Polytrauma Following Road Traffic Collision (May 2024) - Overview

Mr Fairhurst, a 36-year-old multi-drop delivery driver (Vanmark Logistics Ltd), was the motorcyclist in a road traffic collision at approximately 14:45 on 12 May 2024 at the junction of Marlbrook Lane and the A419, Marnbridge Vale, when a third-party car emerged from a side road. He was thrown from his motorcycle and landed on his right side; his helmet was worn and remained in situ (with a visible scuff to the right side). A bystander reported approximately five minutes of unresponsiveness before ambulance arrival. South Wessex Ambulance Service (Paramedic J Okri) recorded a lowest Glasgow Coma Scale (GCS) of 13 (E3 V4 M6) at 15:05, improving to 15 by 15:20 with persisting amnesia for the event; he received IV morphine and ondansetron and was pre-alerted to Marnbridge General Hospital Emergency Department as a head injury with reduced GCS. He sustained a closed head injury with loss of consciousness and post-traumatic amnesia (later confirmed as a moderate traumatic brain injury), a Schatzker II fracture of the right lateral tibial plateau, an undisplaced fracture of the left distal radius, and a right chest wall contusion. He was admitted under Trauma and Orthopaedics at Marnbridge General Hospital (Consultant Mr T Ballantyne).

Traumatic Brain Injury (Closed Head Injury, LOC and Post-Traumatic Amnesia) - May 2024 Onward

ED clerking on 12 May 2024 (Dr A Cheng, ED Registrar) recorded a presenting complaint of motorcyclist RTC at approximately 14:45, thrown from machine, helmet worn, with no recollection of the collision. A bystander account of approximately five minutes of unresponsiveness was relayed by the ambulance crew. GCS was 15 on ED arrival (15:44); the lowest recorded GCS had been 13 (E3 V4 M6) at the scene. The clinical impression included head injury with loss of consciousness and post-traumatic amnesia. The ED head injury

proforma (NICE CG176) indicated CT head within one hour on two grounds: loss of consciousness with amnesia, and dangerous mechanism (ejected from motorcycle).

CT head (non-contrast) on 12 May 2024, reported at 17:02 by Dr M Ilesanmi, demonstrated a normal CT head with no haemorrhage, contusion, fracture or midline shift. The report noted that CT does not exclude diffuse axonal injury. Hourly neurological observations were maintained on Ward 11, with GCS remaining at 14-15. Persistent headache, poor concentration and disturbed sleep were reported throughout the admission; a head injury advice sheet was given to the patient and his partner.

On 8 August 2024, GP referral (Dr L Whitcombe) was made to the Wessex Community Head Injury Service with an impression of post-concussion syndrome; amitriptyline 10 mg nocte was started. Community Head Injury Service initial assessment on 5 December 2024 (Dr F Nkemelu, Consultant in Rehabilitation Medicine, with OT G Sandhu) diagnosed moderate traumatic brain injury by duration of post-traumatic amnesia notwithstanding the normal CT. Symptoms comprised daily headache, cognitive fatigue by early afternoon, reduced concentration, word-finding difficulty, prospective memory failures, and irritability (described by his partner as the most significant change). MoCA scored 24/30; Rivermead Post Concussion Symptoms Questionnaire total was 38; HADS anxiety 13, depression 11. The plan included neuropsychological assessment, OT fatigue management (eight sessions) and vocational rehabilitation.

MRI head with susceptibility weighted imaging on 4 March 2025 (Dr H Salamanca) identified two small foci of haemosiderin (left frontal grey-white matter junction 3 mm; right temporal grey-white matter junction 2 mm), in typical locations for traumatic axonal shear injury and consistent with the mechanism, together with mild generalised volume loss. This confirmed objective evidence of brain injury not visible on the initial CT.

At the post-traumatic headache clinic on 18 March 2025 (Dr I Varga, Consultant Neurologist), post-traumatic headache with superimposed medication-overuse headache (co-codamol daily) was diagnosed; a co-codamol withdrawal plan and propranolol prophylaxis were commenced. At follow-up on 15 September 2025, co-codamol had been withdrawn (after a difficult four weeks in May 2025), and he was taking propranolol 80 mg twice daily; headache days had reduced from approximately 20 per month to approximately 10 per month (two to three

disabling). Persisting cognitive fatigue, word-finding difficulty and irritability remained unchanged. Dr Varga's opinion was that he is unlikely to become headache-free; symptoms are expected to persist long term with modest further improvement at best; and he was unable to support an unrestricted return to safety-critical (C1) driving, principally because of cognitive fatigue.

Outcome: moderate traumatic brain injury with normal initial CT but MRI-confirmed traumatic axonal injury; persisting post-concussion syndrome (chronic post-traumatic headache, cognitive fatigue, word-finding difficulty, irritability, memory impairment); long-term persistence expected; not fit for safety-critical driving.

Right Lateral Tibial Plateau Fracture (Schatzker II) and Lateral Meniscal Tear - May 2024 Onward

X-ray on 12 May 2024 and CT right knee on 13 May 2024 (Dr K Oyelaran) demonstrated a split-depression fracture of the lateral tibial plateau, Schatzker type II, with maximum articular depression of 6.4 mm, lateral cortical breach and lipohaemarthrosis; pre-existing medial compartment degenerative change was noted. Consent was obtained on 14 May 2024 (Mr R Devlin) and surgery was performed on 14 May 2024 (Surgeon Mr T Ballantyne; Anaesthetist Dr S Marchetti, spinal with sedation chosen in view of the head injury): arthroscopically assisted open reduction and internal fixation of the right lateral tibial plateau with a six-hole lateral locking plate. Diagnostic arthroscopy found a peripheral tear of the lateral meniscus (repaired with two all-inside sutures) and Grade II chondral change over the medial femoral condyle consistent with pre-existing degeneration; ACL was intact. The void was grafted with 5 cc synthetic bone substitute; residual articular step-off was under 1 mm.

Post-operatively, Mr Fairhurst was managed non-weight bearing for six weeks with a hinged knee brace (0–90°) and enoxaparin 40 mg daily for six weeks. Fracture clinic follow-up (Mr Ballantyne / Mr Devlin): on 28 May 2024 reduction was maintained; on 25 June 2024 there was early union and he was progressed from partial to full weight bearing, with a warning of the risk of later osteoarthritis given the pre-existing medial changes; on 20 August 2024 the fracture was united, he was fully weight bearing but reported anterolateral pain and difficulty on stairs, with prominent tender lateral metalwork.

MRI right knee on 14 November 2024 (Dr M Ilesanmi) demonstrated post-traumatic full-thickness chondral loss (approximately 1.5 cm) in the anterolateral tibial plateau, a healed meniscal repair, progressed medial compartment degenerative change, and early post-traumatic osteoarthritis superimposed on pre-existing degeneration. At clinic on 3 December 2024 (Mr Ballantyne), the impression was likely symptomatic osteoarthritis; the accident had accelerated a pre-existing process; and knee replacement was a realistic longer-term prospect.

A private second opinion was obtained on 12 June 2025 (Mr J Haldane-Price FRCS, Calderfell Hospital). His opinion was post-traumatic osteoarthritis of the lateral compartment superimposed on pre-existing medial degeneration; but for the accident, arthroplasty would have been expected in his sixties; it is now expected to require total knee arthroplasty in his mid-forties (approximately 10-15 years earlier) with at least one revision in his lifetime. He recommended arthroscopic debridement and removal of metalwork and opined that Mr Fairhurst is permanently unfit for multi-drop delivery driving and for work requiring kneeling, squatting or repeated stair/step access. On 9 June 2025 the GP re-referred to T&O; at T&O clinic on 22 July 2025 (Mr Ballantyne) symptomatic lateral metalwork and progressive lateral compartment chondral loss were confirmed and he was listed for metalwork removal and arthroscopic debridement.

Outcome: fracture united after ORIF and meniscal repair, but complicated by symptomatic prominent metalwork and post-traumatic osteoarthritis of the lateral compartment; listed for metalwork removal and arthroscopic debridement; total knee arthroplasty anticipated in his mid-forties, accelerated by 10-15 years; permanently unfit for his pre-accident driving occupation.

Left Distal Radius Fracture - May-September 2024

X-ray on 12 May 2024 demonstrated an undisplaced extra-articular fracture of the left distal radius with 10° dorsal angulation; the ulnar styloid was intact. The fracture was managed in a below-elbow backslab then cast (plaster technician S Reid); the cast was removed on 11 June 2024 (four weeks) and a removable splint was issued. At fracture clinic on 25 June 2024, the radius was united in an acceptable position with 10° residual dorsal angulation; grip was weak but improving. Physiotherapy documented grip improving (right 42 kg versus left 21 kg on 9 July 2024, to 34 kg by 24 September 2024 when he was discharged from wrist rehabilitation).

Outcome: united with 10° residual dorsal angulation and 1 mm radial shortening; residual grip weakness improving; discharged from wrist rehabilitation 24 September 2024.

Right Chest Wall Contusion - May 2024

There was tenderness over the right 7th-9th ribs. X-ray chest showed no rib fracture, no pneumothorax and no pulmonary contusion; ECG demonstrated sinus tachycardia which settled.

Outcome: soft tissue chest wall contusion managed conservatively with analgesia; resolved without complication.

Psychological Injury (Post-Traumatic Stress Disorder and Low Mood) - 2024 Onward

Clinical psychology assessment on 12 September 2024 (Dr E Marwood, Clinical Psychologist) identified intrusive recollections, nightmares three to four nights per week, hypervigilance as a passenger, avoidance of the collision junction and marked irritability. IES-R scored 48, PHQ-9 16, GAD-7 13. The formulation was PTSD with comorbid low mood arising from the collision, overlaid by head-injury-related cognitive symptoms; a 2019 episode of anxiety and depression was identified as a vulnerability factor but had fully resolved. The plan was eight sessions of trauma-focused CBT.

At discharge on 13 February 2025 (eight sessions delivered), IES-R had fallen from 48 to 26 and PHQ-9 from 16 to 12. He was able to travel as a front-seat passenger and drive short distances; he no longer met full PTSD criteria but remained symptomatic. Progress was limited by cognitive fatigue. He has sold his motorcycle and will not ride again. On 4 November 2025 the GP recorded low mood and rumination; PHQ-9 was 15, GAD-7 12; sertraline 50 mg was restarted (he had a prior 2019 course). Mood was slightly improved by 14 January 2026.

Outcome: PTSD substantially improved with trauma-focused CBT (no longer meets full criteria), but residual trauma symptoms and low mood persist, driven increasingly by loss of occupation, chronic knee pain and cognitive difficulties; restarted on sertraline; awaiting further trauma-focused work.

Falls Secondary to Knee Instability - August 2024

On 3 August 2024 Mr Fairhurst attended St Meriel's Hospital A&E (Dr V Ramaswamy) after falling down four steps when his right knee gave way, preceded by a few seconds of light-headedness. He struck the left side of his head and left elbow; there was no loss of consciousness; NICE criteria for CT head were not met. X-rays demonstrated intact metalwork, no new fracture, moderate right knee effusion and degenerative change in both compartments; the left elbow was normal. He reported that the knee had given way twice before and described repeated episodes of light-headedness since the RTC.

Outcome: mechanical fall secondary to right knee instability with a contributory light-headedness episode; minor head injury and left elbow contusion, both settled; GP asked to review light-headedness and knee instability.

Occupational and Functional Impact - 2024 Onward

Occupational health assessment on 3 October 2024 (Dr P Kavanagh, Aldenshaw OH, instructed by Vanmark Logistics) concluded that Mr Fairhurst was not fit for safety-critical driving due to cognitive symptoms, fatigue and road-user anxiety, and was not fit for repeated step access or lifting above 10 kg from floor level. He returned to work on 6 January 2025 in a redeployed warehouse role, reduced to 20 hours per week, which he reports leaves him unable to do anything on his days off.

A Community OT home assessment (16 January 2025, filed 5 December 2024 service) found that he manages stairs one at a time; there have been two near-falls since discharge; he cannot kneel or use the bath; he has burnt pans through forgetting; his partner supervises cooking, manages finances and appointments, and reduced her own hours from 30 to 22 per week. Equipment was provided (second stair rail, bath board, perching stool, kettle tipper) together with a fatigue management plan. The DVLA (19 September 2025) confirmed that category B entitlement was unaffected; C1 entitlement was under review pending a further report on cognitive function, fatigue and vestibular/visual symptoms; he must not drive C1 vehicles until further notice.

Outcome: unable to return to his pre-accident occupation as a multi-drop delivery driver; redeployed to part-time warehouse duties; significant ongoing care and assistance from his partner; C1 driving entitlement suspended pending review.

Past Medical History and Social History

Mr Fairhurst's past medical history includes mixed anxiety and depressive disorder in 2019 (treated with sertraline for approximately seven months, fully resolved); a right knee twisting/soft tissue injury in March 2021 (X-ray showed early medial compartment degenerative change/narrowing with marginal osteophytosis, resolved clinically by 2 April 2021); and mechanical low back pain in 2016 (resolved). He has no known drug allergies and was not on anticoagulants. The pre-existing medial compartment degenerative change (documented radiologically in 2021 and at arthroscopy) is relevant to the knee outcome: the index injury accelerated a pre-existing degenerative process.

Socially, Mr Fairhurst worked (pre-accident) as a multi-drop delivery driver (3.5 t) for Vanmark Logistics Ltd (commenced 2 January 2018), 45 hours per week. He lives with his partner Ms C Whelan and their children. He is a current smoker of approximately 10 cigarettes per day; alcohol intake is approximately 12 units per week; BMI approximately 29. Motorcycling was his main social activity (he has since given up and sold his motorcycle).

Chronology of Treatment with Outcomes

The following table presents a chronological summary of all documented treatment episodes and their outcomes.

Date	Provider / Clinician	Presentation / Treatment	Outcome
12 May 2024	South Wessex Ambulance Service (Paramedic J Okri)	Motorcyclist RTC ~14:45; ~5 min unresponsiveness; GCS 13→15; morphine, ondansetron; splinting	Pre-alerted head injury; blue-light transfer to Marnbridge General ED
12 May 2024	Marnbridge General Hospital ED (Dr A Cheng)	ED clerking; head injury with LOC and PTA; suspected knee/wrist fractures, chest contusion; NICE CG176 CT head	Admitted under T&O; hourly neuro obs commenced
12 May 2024	Marnbridge General Hospital, Radiology (Dr M Ilesanmi)	CT head (non-contrast)	Normal CT head; does not exclude diffuse axonal injury

Date	Provider / Clinician	Presentation / Treatment	Outcome
12 May 2024	Marnbridge General Hospital, Radiology (Dr K Oyelaran)	X-ray right knee, left wrist and chest	Lateral tibial plateau fracture; undisplaced distal radius fracture (10° dorsal angulation); no acute chest injury
13 May 2024	Marnbridge General Hospital, Radiology (Dr K Oyelaran)	CT right knee	Schatzker II lateral tibial plateau fracture, 6.4 mm depression; suitable for ORIF
14 May 2024	Marnbridge General Hospital, T&O (Mr T Ballantyne / Mr R Devlin)	Arthroscopically assisted ORIF right lateral tibial plateau (lateral locking plate); lateral meniscal repair	Satisfactory reduction (step-off <1 mm); meniscus repaired; pre-existing medial chondral change noted
12–18 May 2024	Marnbridge General Hospital, Ward 11	Inpatient admission; wrist cast; NWB mobilisation; head injury monitoring	Discharged home day 6 (18/05/2024); NWB 6 weeks; fit note 6 weeks
28 May 2024	Marnbridge General Hospital, Fracture Clinic (Mr R Devlin)	2-week review; check radiographs; clips removed	Reduction maintained; ongoing headache/concentration difficulty referred to GP
11 Jun 2024	Marnbridge General Hospital, Plaster Room (S Reid / J Naylor)	Left wrist cast removed at 4 weeks; splint issued	Skin intact; wrist stiff; wean splint
25 Jun 2024	Marnbridge General Hospital, Fracture Clinic (Mr T Ballantyne)	6-week review; knee and wrist	Early knee union, PWB→FWB; radius united (10° dorsal angulation); warned of later OA risk
09 Jul–15 Oct 2024	Marnbridge Community MSK Physiotherapy (A Vasilenko / R Prashad)	Knee rehabilitation (8 sessions) and wrist rehab	Flexion to 0–110°; walking tolerance 25 min; residual anterolateral pain; unlikely to regain full kneeling; wrist grip 34 kg, discharged
03 Aug 2024	St Meriel's Hospital A&E (Dr V Ramaswamy)	Fall down stairs when right knee gave way; light-headedness; head/elbow struck	Mechanical fall; minor head injury (no CT needed); intact metalwork; GP review advised
08 Aug 2024	Culverdene Road Surgery (Dr L Whitcombe)	Post-concussion syndrome; amitriptyline started; referral to head injury service	Referred to Wessex Community Head Injury Service; fit note 8 weeks
12 Sep 2024–13 Feb 2025	Wessex Talking Therapies (Dr E Marwood)	Assessment then 8 sessions trauma-focused CBT for PTSD/low mood	IES-R 48→26, PHQ-9 16→12; no longer meets full PTSD criteria; remains symptomatic
03 Oct 2024	Aldenshaw Occupational Health (Dr P Kavanagh)	Fitness-for-work assessment	Not fit for safety-critical driving; adjustments advised; redeployment considered

Date	Provider / Clinician	Presentation / Treatment	Outcome
14 Nov 2024	Marnbridge General Hospital, Radiology (Dr M Ilesanmi)	MRI right knee	Post-traumatic lateral chondral loss; healed meniscal repair; early post-traumatic OA on pre-existing degeneration
03 Dec 2024	Marnbridge General Hospital, Fracture Clinic (Mr T Ballantyne)	Review with MRI	Post-traumatic OA; accident accelerated pre-existing change; knee replacement a realistic longer-term prospect
05 Dec 2024	Wessex Community Head Injury Service (Dr F Nkemelu, OT G Sandhu)	Initial assessment; moderate TBI by PTA; MoCA 24/30	Fatigue management, neuropsychology referral, vocational rehab planned
06 Jan 2025	Vanmark Logistics / Occupational Health	Return to work in redeployed warehouse role, 20 hours/week	Unable to return to driving role; reduced hours; limited functional tolerance
04 Mar 2025	Wessex Regional Neurosciences (Dr H Salamanca)	MRI head with SWI	Two foci of haemosiderin (traumatic axonal injury); not visible on initial CT
18 Mar 2025	Wessex Regional Neurosciences, Neurology (Dr I Varga)	Post-traumatic headache clinic; co-codamol withdrawal; propranolol started	Post-traumatic headache with medication-overuse component; withdrawal plan
12 Jun 2025	Calderfell Hospital (Mr J Haldane-Price, private)	Second opinion, right knee	Post-traumatic lateral OA; TKA expected mid-40s (~10–15 years early); recommended metalwork removal/debridement; permanently unfit for driving occupation
22 Jul 2025	Marnbridge General Hospital, T&O (Mr T Ballantyne)	Review; symptomatic metalwork and progressive chondral loss	Listed for metalwork removal and arthroscopic debridement
15 Sep 2025	Wessex Regional Neurosciences, Neurology (Dr I Varga)	Headache follow-up (6 months)	Headache days ~20→10/month; cognitive fatigue unchanged; long-term persistence expected
19 Sep 2025	DVLA, Drivers Medical Group	Licensing review	Category B unaffected; C1 entitlement under review; must not drive C1
04 Nov 2025	Culverdene Road Surgery (Dr L Whitcombe)	Low mood review	Sertraline 50 mg restarted; awaiting further trauma-focused therapy
14 Jan 2026	Culverdene Road Surgery (Dr H Ramanathan)	Medication review	Mood slightly improved; awaiting date for metalwork removal; working 20 hours/week