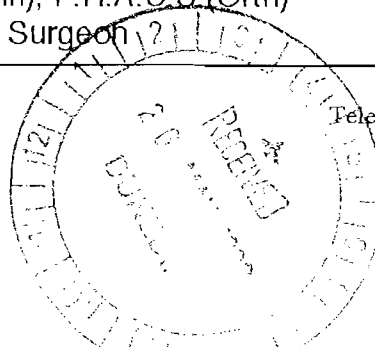


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20 May 1992

MEDICAL REPORT re: Mr Trevor John **SMITH**, dob: 03/07/53
55 Tay Street, Mosgiel.

This report has been prepared at the request of the Accident Compensation Corporation after interview and examination of Trevor Smith on 20 May 1992 together with review of relevant hospital notes and X-rays, and should be read in conjunction with a report by Mr B S McMillan dated 12 May 1988.

General: Trevor Smith is a 38 year old right handed single male who is currently unemployed having completed a contract as a labourer on a drilling rig at the Clyde Dam at the end of February this year.

In the mid 1980's he states that he bought some property but when the mortgage interest rates went up, he was unable to cover the mortgage with his rent income and tried to make up the difference doing labouring jobs and in particular took up a job supplying fire-wood but found that the work was too arduous and hurt his back and he was unable to keep up with the payments and suffered losses as a result. In early 1991 he worked as a labourer at a garage installing engines into vehicles and later in the year took a job as a labourer on a drilling rig in central Otago before working on the Clyde Dam.

He states today that he is hoping to study at the Otago Polytechnic for the New Zealand Certificate of Engineering and at the same time do an electronics course. However, he needs financial support to attend this full-time course lasting three years and is hoping for financial support from the Accident Compensation Corporation.

Present position: He states that he has not been doing any hard labouring work for some time and "feels good". He states that he has no back pain and can walk "for miles" and carry out normal daily living activities without any problems. However, if he undertakes any manual labour particularly that requiring bending and lifting, he "knows it's there" and experiences pain in the lower back and in the buttocks. He states that the more work he does the worse the pain gets and sometimes the back is so painful that he "can't do anything" and is almost unable to move. He occasionally gets a feeling of pins and needles throughout both legs in a stocking distribution even when sitting but the occurrence of the symptom is infrequent and not related to manual labour. When he has back pain, he obtains relief by lying in bed but does not take analgesics and is not doing anything

prophylactically to reduce his symptoms and takes no regular exercise. Of interest is that he has recently painted his house without any difficulty but this painting did not include painting the roof.

Examination: General examination was unremarkable and showed him to be in satisfactory general condition. He walked normally without any limp and managed the functional tests of heel and toe walking and squatting without any clinical difficulty. His spine demonstrated a full range of motion and in flexion he was able to touch the floor with his fingertips and he demonstrated 4,5 cm of lumbar cutaneous extension. His posture was unbalanced in that he had a list to the left and there was a large central cafe au lait spot in the centre of his back. Neurological examination revealed normal power, tone and sensation but decreased ankle jerks bilaterally. Straight leg raising was to 90° and posteriorly he demonstrated mild paravertebral tenderness at the lumbosacral junction.

X-rays: X-rays taken in 1981 show fractures of the transverse processes of L1, L2 and L3 on the left side but no other significant abnormality. Serial X-rays up to 1991 over a period of ten years show progressive decrease in the lumbosacral disc space with some evidence of instability.

Opinion: I have been asked to comment on his current condition, his prognosis and his work-capabilities.

Current condition: My assessment today is that his current condition is of disc resorption and degeneration at the lumbosacral junction associated with an instability pattern at this level. The location of this current problem is far removed from the transverse processes of L1, 2 and 3 but, from his description, when the tree fell across his back, he was well flexed and it is not possible to exclude damage to the lumbosacral disc at the time of injury particularly as the degeneration has been progressive on X-rays taken since 1981. While disc degeneration at the lumbosacral junction is common in the population without injury, it is not possible at this stage to definitely say that his current problem is not as the result of personal injury by accident and should, in view of the documented spinal injury in 1981, constitute a valid claim against the Accident Compensation Corporation.

Prognosis: While there are periods where his back is virtually asymptomatic and fully functional, on historical grounds this situation can change rapidly if he undertakes any manual work which initiates and aggravates low back pain. In my opinion these symptoms are consistent with the disc degeneration and instability seen on X-rays and could well be helped by a concerted programme of prophylactic back care and back maintenance. I have advised him to obtain a copy of the ACC booklet "Put your bad back behind you" and study it carefully and put the recommendations into practice. In my opinion he could improve his muscular support for his lumbar spine with regular stretching and strengthening exercises and this may reduce his symptoms to a more manageable level. In addition, for particularly arduous work, it may be possible for him to protect his spine from instability symptoms by the wearing of a corset. Increasing or deteriorating symptoms may suggest the need for lumbosacral fusion.

Work-capabilities: In his present condition, he is unsuitable for manual labour particularly that involving bending and lifting and I feel it would be unreasonable for him to be expected to return to this type of work particularly if his livelihood were to depend on it. In view of his past history and the duration of his symptoms, it would seem unlikely that he would be able to return to regular employment in labouring work despite a comprehensive prophylactic programme or a regular exercise programme and, apart from surgical fusion, I think his best plan of action would be to avoid those activities that aggravate his back so as to keep it in a manageable state and for him to pursue his intent to study for the New Zealand Certificate of Engineering. As there is no good evidence that his lumbosacral problems are not as the result of his injury in 1981, it is my opinion that it would not be unreasonable to expect the Corporation to support him in his study for the next three years.

A handwritten signature in black ink, appearing to be 'H A P Swan', written in a cursive style with a long horizontal stroke extending to the right.

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