

# Recent cases

Andy Shaw

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## D v E

The claimant suffered a traumatically induced stroke following a road traffic accident in January 2016 which ultimately led to her suffering dense hemiplegia (loss of movement) in the upper and lower limb on the left hand side in addition to vertigo, mild cognitive impairment, psychological symptoms and fatigue.

We were able to secure a prompt admission of liability for the accident. On her discharge from hospital we appointed a case manager to assist the claimant with facilitating the treatment the claimant required in order to achieve the best possible recovery in addition to securing a sizable interim payment. The claimant received:

- extensive private neuro-physiotherapy
- hydrotherapy
- occupational therapy

The claimant was left with ongoing impairments and a risk of epilepsy assessed at three times the general population.

We secured a £2.5 million settlement two years post-accident.

## W v P

The claimant, a 23 year old male was riding his motorbike when the defendant pulled across his path. The claimant was wearing a helmet at the time of the accident which became dislodged on impact. The claimant was thrown into the air as a consequence of the impact landed on his head. He sustained a right temporal and occipital head injury with a laceration to the leg. The CT scan showed a right subdural generalised oedema with left midline shift of 13mm and a large right parietal scalp haematoma measuring 10.5mm.

As a consequence of the accident the claimant was left with significant fatigue, mild balance impairment, headaches, deafness in the left ear and behavioural problems.

We were able to secure a prompt admission of liability and a sizable interim payment which was used to facilitate rehabilitation and rent a more suitable property which was conducive to his rehabilitation. The claimant received:

- the assistance of a case manager to co-ordinate his rehabilitation
  - neuro-physiotherapy
  - occupational therapy
  - neuro-psychological treatment
  - input from a neuropsychiatrist
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- a support worker
- driving lessons

Following successful rehabilitation, many of the claimant's symptoms improved and he was able to better manage his symptoms. He has now ventured into property development using some of his settlement proceeds to fund the project.

We secured a full and final settlement of £1.15m in addition to the costs of his rehabilitation.

## O v D

The claimant, who was 16 at the time of the accident was riding his motorcycle when the defendant sought to overtake him as he turned into a junction. The claimant's helmet became dislodged on impact and he landed 20 metres from the impact site. As a result he sustained significant facial injuries, a displaced fracture through the right tibia, a fractured clavicle and a head injury. The claimant's facial fractures required fixation with plates and screws.

A CT scan confirmed a traumatic subarachnoid haemorrhage in the right cerebral hemisphere and a brain stem haematoma. His head injury was categorised as severe.

We were able to secure a prompt admission of liability for the accident and a number of large interim payments in addition to appointing a case manager to co-ordinate a rehabilitation plan. Given the severity of the claimant's injuries the claimant presently lacks capacity to manage his financial affairs and accordingly we appointed a professional deputy to assist him in managing his finances.

The claimant was left with significant fatigue, balance impairment, headaches, tinnitus, difficulties regulating his behaviour, cognitive impairment and communication difficulties.

As part of his ongoing rehabilitation we have facilitated a comprehensive rehabilitation package which includes:

- a support worker
- neuro-physiotherapy
- neuropsychiatric input
- neuropsychological input
- occupational therapy
- speech and language therapy
- audio-vestibular input
- a taxi account

The case continues.

## M v A

The claimant, who was 80 years old at the time of the accident was involved in a road traffic accident when the vehicle in which he was travelled was struck by the defendant's vehicle whilst the driver was turning into a junction. As a consequence the claimant sustained a severe head injury comprising of an acute subdural haematoma. His Glasgow Comas score was 3/15 at the scene subsequently improving to 7/15. He remained an

inpatient until for three months and was discharged home with significant short-term memory problems, a marked change in his personality, blurred vision and slurred speech.

As a result of his injuries he lacks capacity to manage his financial affairs and lay and professional deputies have been appointed to assist him.

We appointed a case manager to assist in co-ordinating his rehabilitation which has included:

- physiotherapy
- neurophysiotherapy
- input from a neuropsychologist to help the claimant in managing his symptoms

Whilst settlement has not yet been achieved, the claimant's claim is pleaded at £930,000 to include future treatment, case management, future care and assistance and the costs of having a professional deputy.

## M v L

The claimant, a 44 year old doctor was involved in a head on collision after the defendant lost control of his vehicle. As a consequence the claimant suffered a tear the carotid artery which caused a stroke. Two clots were identified in the parietal lobe and the occipital lobe and were evacuated by way of decompressive hemi-craniectomy. The claimant also suffered a fracture to the right ulna requiring plating and a fracture to the left scapula.

The claimant remained an inpatient for a period of 6 months during which time we were able to secure an admission of liability for the accident and put in place a rehabilitation plan to assist the claimant once he was discharged from hospital.

On Discharge the claimant had a number of significant impairments which included:

- global weakness on the left side (upper and lower limbs)
- fatigue
- speech impairment
- cognitive impairment including inattention, a reduction in visual processing, memory problems, difficulty retaining information and acalculia
- visual impairment

The claimant is currently receiving extensive rehabilitation which includes:

- neuro-physiotherapy
- speech and language therapy
- a support worker
- occupational therapy

As a consequence of the rehabilitation provided to date, the claimant (who was wheelchair dependent) is now walking unaided.

The case continues,

## J v M

The claimant was 68 at the time of the accident. She was a pedestrian who was struck by a van whilst she was crossing the road. As a consequence of the accident she sustained the following injuries:

- right acute subdural haematoma with midline shift
- small left acute subdural haematoma
- bilateral temporal bone fractures, sphenoid and right occipital fracture with pneumocephalus
- multiple rib fractures – 2 to 9 (right) and 1 to 7 (left)
- bilateral pulmonary contusions
- bilateral pneumothoraces
- right dislocated elbow

The claimant was admitted to hospital and underwent a decompressive craniectomy. She remained an inpatient for 12 months. As a consequence of the accident the claimant:

- is doubly incontinent
- suffers significant cognitive impairment with reduced short and long term memory
- has no active movement in the left upper and lower limbs
- lacks capacity manager her own health, welfare and finances
- requires 24 hour care

Due to the significant symptoms, on discharge planning we were able to secure a private placement at a state of the art residential care home which is funded by the third party insurers. A case manager has been appointed to assist in co-ordinating a rehabilitation package which will include:

- speech and language therapy
- neuro-physiotherapy
- input for various private consultants

The ultimate intention is for the claimant to return home.

The case continues.