

## Comparison of Doctor's Findings

	Dr Yeo Khee Quan	Dr Ho King Hee	Dr Lai Chan See	Dr Lee Soon Tai	Dr P N Chong
<b>Diagnosis</b>	<u>Report dated 10.06.99:</u> <ul style="list-style-type: none"> <li>▪ Hyperextension rotation injury of the neck</li> <li>▪ Injury may have worsened pre-existing osteoarthritis of the neck</li> </ul>	<u>Report dated 10.10.03:</u> <ul style="list-style-type: none"> <li>▪ Whiplash injury with consequent development of persistent myofascial pain in shoulders and neck</li> </ul>	<u>Report dated 09.04.01:</u> <ul style="list-style-type: none"> <li>▪ Soft tissue injury to the neck</li> </ul>	<u>Report dated 22.04.05:</u> <ul style="list-style-type: none"> <li>▪ Whiplash Associated Disorder Grade II**</li> </ul>	<u>Report dated 27.09.05:</u> <ul style="list-style-type: none"> <li>▪ Some form of soft tissue injury</li> </ul>
<b>Range of Movement</b>	<u>Report dated 10.06.99:</u> <ul style="list-style-type: none"> <li>▪ Pain on rotation of neck to the left</li> <li>▪ Stiffness on extension</li> </ul> <u>Report dated 20.02.06:</u> <ul style="list-style-type: none"> <li>▪ Full range of movement to the right</li> <li>▪ Full range of movement on extension and flexion</li> <li>▪ Limitation of movement of neck to the left of 25%</li> </ul>	<u>Report dated 10.10.03:</u> <ul style="list-style-type: none"> <li>▪ Neck movements restricted in all directions, most markedly in rotation and lateral flexion to the left side</li> </ul> <u>Report dated 09.02.06</u> <ul style="list-style-type: none"> <li>▪ Restricted in left lateral flexion and rotation but otherwise normal</li> <li>▪ Neck movements improved</li> </ul>	<u>Report dated 09.04.01:</u> <ul style="list-style-type: none"> <li>▪ Discomfort at extremes of neck movement</li> <li>▪ Range of motion of neck somewhat limited in range</li> </ul> <u>Report dated 02.06.06:</u> <ul style="list-style-type: none"> <li>▪ Improvement in flexion and rotation to the right and left</li> <li>▪ No change in extension and lateral flexion to right and left</li> </ul>	<u>Report dated 22.04.05:</u> <ul style="list-style-type: none"> <li>▪ Loss in range of movement of cervical spine varying from 33% to 55%</li> </ul> <u>Cross-examination:</u> <ul style="list-style-type: none"> <li>▪ Plaintiff likely to have improved from time he examined to time Dr Yeo examined him</li> </ul>	Not examined

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<b>Neurological Deficits</b>	<u>Report dated 10.06.99:</u> <ul style="list-style-type: none"> <li>▪ No neurological deficit</li> </ul>	<u>Report dated 10.10.03:</u> <ul style="list-style-type: none"> <li>▪ No neurological deficit</li> <li>▪ No cervical root disease or spinal cord involvement</li> </ul>	<u>Report dated 09.04.01:</u> <ul style="list-style-type: none"> <li>▪ No abnormalities</li> <li>▪ All cranial nerves intact</li> </ul>	<u>Report dated 22.04.05:</u> <ul style="list-style-type: none"> <li>▪ No neurological signs</li> </ul>	<u>Report dated 27.09.05:</u> <ul style="list-style-type: none"> <li>▪ No neurological deficits</li> </ul>
<b>Tenderness / Myofascial Trigger Points</b>	<u>Report dated 20.02.06:</u> <ul style="list-style-type: none"> <li>▪ No tenderness over central side of neck</li> <li>▪ No significant tenderness</li> </ul> <u>Cross-examination:</u> <ul style="list-style-type: none"> <li>▪ Did not find any trigger points when examined Plaintiff on 14.02.06 [NE 21.02.06, page 25, lines 23 to page 26 line 3]</li> </ul>	<u>Report dated 10.10.03:</u> <ul style="list-style-type: none"> <li>▪ Multiple tense and tender myofascial trigger points on left trapezius, sternomastoid, splenius capitis and masseter muscles</li> </ul> <u>Report dated 09.02.06:</u> <ul style="list-style-type: none"> <li>▪ Multiple tense and tender myofascial trigger points in the left trapezius, sternomastoid, splenius capitis and masseter muscles</li> </ul>	<u>Cross-examination:</u> <ul style="list-style-type: none"> <li>▪ No myofascial trigger points detected [NE 02.08.06 page 30 lines 4 to 6 and 22 to 23]</li> </ul>	<u>Cross-examination:</u> <ul style="list-style-type: none"> <li>▪ Myofascial trigger points not related to Whiplash Associated Disorder and is a subjective sign.[NE 24.02.06 page 7 line 31; page 9 lines 3 to 7; page 12 lines 26 to 29]</li> </ul>	<u>Report dated 27.09.05:</u> <ul style="list-style-type: none"> <li>▪ Free of pain during consultation</li> </ul>

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<b>Headaches</b>	Recorded this complaint but unable to clinically determine presence of this symptom.	<u>Cross-examination:</u> <ul style="list-style-type: none"> <li>▪ No objective evidence of pain complained of [NE 20.02.06 page 41, lines 20 to 21]</li> </ul>	Noted this complaint but no objective clinical evidence	<u>Report dated 22.04.05:</u> <ul style="list-style-type: none"> <li>▪ Of the view that frontal headaches are tension headaches not related to the road traffic accident</li> </ul>	<u>Report dated 27.09.05:</u> <ul style="list-style-type: none"> <li>▪ Cannot be proved or disproved.</li> </ul> <u>Cross-examination:</u> <ul style="list-style-type: none"> <li>▪ Majority of the day he is ok. Would not assess it as severe. [NE 24.02.05 page 36 to 37]</li> </ul>
<b>Rhomberg's Test</b>	Vertigo not within purview of orthopaedic surgery and cannot comment if it was caused by the soft tissue injury. [NE 21.02.06, page 29, line 6 to 7]	Negative	Negative	Tests not done	<u>Cross-examination:</u> <ul style="list-style-type: none"> <li>▪ Classic post-traumatic vertigo should come on in a few days or weeks.</li> </ul>
<b>Tandem Gait</b>		Unremarkable	Balance good		
<b>Ataxia / Incoordination</b>		Normal	Normal		
<b>Nystagmus</b>		Negative	Negative		

\*\* Table 2: The Quebec Task Force Classification on Whiplash Associated Disorders (Spitzer et al 1995), Whiplash Associated Disorder Grade II specifies “*Neck Symptoms, Decreased range of movement and Musculo-skeletal signs – Point tenderness*” as the Clinical Presentation.