Dr DENE FORK
Consultant Neuropsychologist

NEUROPSYCHOLOGICAL REPORT

ON

Mr David Wozny

(D.o.B. 10/10/1969)

Date of index accident:	**31 July**	**2015**
Date of assessment:	**11 May**	**2016**
Date of report:	**02 June**	**2016**

1. Professional Information

1.1 I am a Doctor of Clinical Psychology, Consultant Neuropsychologist and Head of Neuropsychology for Worcestershire, focusing on the assessment, rehabilitation, and therapy of patients with brain injuries. Qualifications include diplomas in Clinical Neuropsychology, Clinical Hypnosis and Accreditation in Cognitive-Behavioural Therapy. Further details of my qualifications/experience are set out in the appendix.

2. Referral Issues / Substance of Instructions

2.1 These instructions have requested that I conduct a neuropsychological assessment of Mr Wozny and then prepare a neuropsychological report of the results, in relation to the consequences of a road traffic accident on 31st July 2015, in which Mr Wozny was knocked off his bicycle by a car. I have provided information on the nature and extent of injuries sustained and any continuing disability and I have considered any relevant pre-accident medical history, injuries sustained, treatment received, effect on daily living and employment. I have also provided details of his present condition, any continuing complaint or disability (and if any, when these are likely to resolve), a general prognosis including in regards to his capacity for work.

2.2 Brief Summary of Findings

Medical records reveal that Mr Wozny suffered a severe head injury, following his accident on 31st July 2015. During assessment, he passed two tests of efforts and thus the results from this assessment may be considered to be reliable. His cognitive functioning, including abstract thinking, mental arithmetic, visual-reasoning and executive-functioning appears to be intact, with a 'relative' (mild) reduction in speed-of-processing. Memory Index scores (including verbal learning), were all reduced from expected 'premorbid' levels. CBT Therapy for mild-moderate depression and anxiety is recommended. Goals regarding activities, structure, and routine are also recommended, which should include the development of memory strategies. Preparation for a graded phased return to the work environment/work experience is proposed, with anticipated good prognosis, over the next 15-18 months, at which point a second assessment is recommended.

4. This report comprises details provided by Mr Wozny and his partner, and includes the results of the neuropsychological and psychological assessments that I solely carried out on him and scored up.

4.1 **Mr Wozny's report of his accident**

Mr Wozny reported that he had no recall of his accident at all and added that he had no recall of any of the month (July, 2015) in which the accident occurred.

4.2 Mr Wozny reported that as far as he could recall from what he has been told, he was riding along, "went around a parked car and was hit from behind".

4.3 He reported "my back wheel was squashed, I smashed my head on the windscreen of the car that hit me'. He reported that a helicopter was called and he was flown to the North Staffs Royal Hospital, where he had "surgery to my head…. there were complications with the feeding tube and I got pneumonia'.

4.4 Mr Wozny reported that he "was in the critical care unit (CCU) whilst he was in hospital but reported that he could not remember the exact details of his brain injuries. However, he did recall that he had injuries to his ribs, and stated "There were no other physical injuries. I was discharged around September, last year".

4.5 Mr Wozny reported that he was transferred to the Haywood Hospital, where he stayed for approximately 6 - 7 weeks, being discharged on November 4th 2015. Mr Wozny reported that his first memory after the accident was whilst he was in Haywood Hospital (which he called "the rehab centre").

4.6 Mr Wozny reported that whilst in the Haywood Hospital, he underwent testing by the Occupational Therapy department and also reported that whilst a patient there, there was no community involvement.

4.7 **General sense of progress following the index event/current professional input:**

Mr Wozny reported that, regarding a general sense of progress, he did make progress during his stay at Haywood Hospital, stating "I felt great… no cloudiness in my head".

4.8 Mr Wozny's partner, Ruth Hamlett reported that, recently, Mr Wozny has "got a case manager… Beverly Wilde, I think... and she's engaged an O.T."

4.9 Ms Hamlett also informed me that Mr Wozny is being visited by a Physiotherapist and she explained that "they are working towards a gym programme". I was also informed that Mr Wozny "has got an Occupational Psychologist coming to see him".

4.10 Mr Wozny informed me that he is currently seeing a Neuropsychologist (Lesley Stewart), once per fortnight. He described the content of the sessions with Lesley Stewart as "we just talk".

5. Review of medical information available

5.1 **Review of Medical Records:** Since the pages of the medical records were not in perfect chronological order when I received them, I have numbered them in the order I received them.

6.0 Many of the handwritten notes were extremely difficult to decipher, so I have restricted my comments to those that I believe I have been able to interpret.

6.1 Review of Ambulance Records

Date	Page	Record
31/07/2015	311	North West Ambulance Service NHS Trust record states arrival on scene at 11:17hrs and arrival at hospital 11:45hrs. GCS 8/15, but record also states "GCS 8 combative". Record states "…pupils sluggish, lateral gaze, panda eyes developing, lac to occiput, no other obvious injuries..."

6.2 Review of Hospital Records

Date	Page	Record
31/07/2015	45-53	Clinical scan reports concludes "Head: right cerebral convexity extra haematoma with mass effect and midline shift to the left of 3mm...1cm likely contusion of the right mid brain...bilateral fronto-parietal contusions...fractures involving the basal skull, calvarium, right mastoid, bilateral orbits and right maxillary sinus". "CT Spine: possible focal dissection of the right petrous ICA...no vertebral fractures" "CT Thorax & abdo & pelvis: right sided lung contusion, pulmonary haemorrhage and pneumothorax with associated rib fractures...no major vascular injury or significant bony injury within abdomen or pelvis". "XR Chest, XR Pelvis: right fourth rib fracture...undisplaced fracture of the right fifth rib...pulmonary laceration/contusion...normal aortic appearances".
31/07/2015	94-99; 292	ICU hospital notes record all injuries (see above) "cyclist vs car...intubated in A&E...GCS 7/15 (also recorded as 8/15 by trauma team; page 289)...Propofol...R craniotomy Co-Amoxiclav 1.2g IV given in theatre...bleeding from R ear...tissue visible ? middle ear...GCS 3 *(Comment: assuming post-operatively)*...ICP 17...pupils not dilated...ICP 20...keep on sedation overnight..."

6.3 Review of Hospital Records continued:

01/08/2015	102	ICU hospital notes record "extubated earlier by have re-intubated due to ↑ ICP...GCS 2...Propofol, Norad *(noradrenaline)* and Alfentanyl..."
02/08/2015	100	ICU hospital notes record "GCS3...NG tube in correct position...ICP stable <20..."
03/08/2015	108	ICU hospital notes record "ICP <20...Sats 96%...GCS 3...pyrexial...traumatic brain injury..."
03/08/2015	77	Letter from Mr N C Neal, Consultant Orthopaedic Surgeon to GP reporting Mr Wozny "was the rider of a pushbike in collision with a car, he went over the handlebars and bulls eyed the windscreen...promptly transferred to A&E...resuscitated and intubated...GCS 7 on arrival...he was noted to be moving his arms on arrival..."
04/08/2015	113	ICU hospital notes record "re-sedation due to agitation...Propofol..."
06/08/2015	122	ICU hospital notes record "resolved hypoxia"….notes also appear to record "failed extubation →hypoxia"(page 123). "...a line required due to vasopressors *(powerful drugs to elevate main arterial pressure)*...pyrexia...patient generally improving in terms of O2 requirement and inotropic support, still feverish with purulent sputum..."
07/08/2015	127	ICU hospital notes record "E-Coli infection...severe deterioration this morning...with saturations dropping...possible aspiration...deterioration in BP with high Noradrenaline requirement...ICP ↑ 25...discussed use of ECMO *(Extracorporeal membrane oxygenation)*"
07/08/2015	78	Neurophysiology Clinic EEG report concludes "under Propofol and Alfentanyl uncreative low-amplitude EEG...on Phenytoin...contains a diffuse burst suppression pattern...insufficient *(comment: missing word; evidence?)* to support epileptic activity...minimising such a risk would be recommended..."
08/08/2015	133	ICU hospital notes record "Propofol, Alfentanyl, Cisatracurium *(neuro muscular blocking drug)*, Midazalam... ICP 4...Tezocin *(antibiotic)* and Metronidazole *(antibiotic)*"
10/08/2015	137	ICU review by Dr Morrison reports "off vasopressors...BP 135/60...ICP6..."
13/08/2015	154	ICU hospital notes record "Sats 95%...ICP 2...BP↓ requiring restarting Noradrenaline...sedation on double strength Midazalam and Morphine...pyrexia persisting...↑sedation to allow adequate ventilation..."
15/08/2015	160-163	ICU hospital notes record "GCS3...stop Phenytoin...removal of ICP monitor...uneventful procedure..."
21/08/2015	190	ICU hospital notes record "tachy today...grimaces to pain...opened eyes...pupil reacting..."

6.4 Review of Hospital Records Continued:

21/08/2015	79	Hospital Stroke Dept form recording that Mr Wozny has been "recruited to CRASH III...tranexamic acid for the treatment of significant traumatic brain injury: an international randomised, double blind placebo controlled trial"
22/08/2015–30/08/2015	191 - 215	ICU hospital notes record "unsedated GCS5...grimaces to pain...opens eyes...GCS9 (24/08/15)...unable to obey commands e.g. sticking tongue out...unable to verbally consent to occupational therapy (26/08/15)...GCS recorded as 7 and later as 9 (27/08/15)...GCS11 (29/08/15)...ongoing issues spiking temp...GCS10 (30/08/15)..."
31/08/2015	219	ICU hospital notes record "Day 30...slow progress but improving neurology...slow response...sitting in chair...responding appropriately...L sided paresis *(weakness of voluntary movement)*...GCS 10".
04/09/2015	232	ICU hospital notes record "now 48 hours off ventilator...difficulty communicating...needs SALT review...appears to have pain on moving...*(needs)* cognitive assessment...will need specialist rehabilitation...GCS 11/15...severe weakness L side but obeys..."
09/09/2015	236 245	ICU hospital notes record "making good clinical improvement...decannulated trach yesterday, more interactive and stable...mini trach inserted...GCS 14-15/15". Neuro review at 1.30am "...due to ↓GCS from 14 to 8...CTH *(CT Head Scan)* urgent..."
12/09/2015	255-257	ICU hospital notes record "attempting to talk...GCS 14/15...self ventilating".
16/09/2015	272	Ward Physio notes record "assistance of 1 to maintain sitting balance = 5 mins...pt confused worrying about weeing...not tolerating NG mask well..."
18/09/2015	273-274	Ward Physio notes record "pt obviously confused today: unsure of why at hospital...eyes rolling and struggling to keep eye open...not oriented to time or place...agitated not feeling improvements in himself...aware of confusion".
22/09/2015	275-279	Ward Physio and OT notes record "able to tell name and DoB but unable to tell address or where he is...severely confused unable to tell time, place and date...asking for and confused about his daughter...confused about his girlfriend...".
24/09/2015	279	Ward Physio and SALT notes record "remains confused by slightly better...knows he is at a hospital...confused ↓memory...GCS 14-15

6.5 Review of Hospital Records continued:

04/11/2015	315	Letter from B Kuruvilla, Hayward Hospital, Stoke to GP in the form of a discharge summary and noting that Mr Wozny "underwent multidisciplinary rehabilitation...complained of diplopia...thought to have mild left superior oblique muscle palsy...had left hemiparesis which gradually improved...was independent in walking and personal care at discharge...was on normal diet and fluids...advised to inform DVLA about his injuries..."
19/11/2015	90	Letter from Mr R Price, Consultant Neurosurgeon, to GP reporting that Mr Wozny "has made a spectacularly good recovery considering the severity of the head injury in July and the fact that he nearly died...about a week into his time in ITU...he is still struggling with short-term memory as his only on-going residual problem...he has certainly got at least a year of further possible recovery period...he has decided not to go back to work until the New Year...i wouldn't be surprised if he struggled at first if only in terms of mental stamina and speed of processing...".
19/11/2015	325	Maxfax *(maxillofacial)* clinic notes state "...do not have any complaints or symptoms from facial injuries...discharged from maxfax..."

6.6 Review of GP Records

Date	Page	Record
02/08/1999	7	Sprain to R ankle
09/01/2002	1	Chronic rhinitis
05/11/2002	1	Arthralgia of knee...locking after crouching down
10/07/2003	1	Backache unspecified
27/04/2004	6	Trauma right shoulder
27/05/2004	1	Backache unspecified
02/08/2004	31	Physio Dept records note lumbar spine and right leg pain since May 2004.
03/08/2004	1	Backache unspecified
04/01/2007	1	Lumbago with sciatica
09/11/2007	4	Malaise
16/12/2008	4	Leg cramps
08/01/2009	2	Never smoked tobacco
31/07/2015	1	"Pedal cycle accident involving car...fracture of 4th rib...pneumothorax...closed fracture zygoma...extradural haemorrhage...traumatic subdural haematoma...fracture of skull...right parieto temporal"

6.7 Review of GP Records Continued:

08/10/2015	10-11	Major trauma summary report from Royal Stoke University Hospital stating "helmeted cyclist in collision with car...reduced LOC *(loss of consciousness)* at scene, agitated, right chest injury, needle thorocostomy undertaken...brought directly to RSUH *(Royal Stoke University Hospital)*...GCS 8/15 on arrival (E1V2M5)...immediate RSI and ventilation prior to CT imaging...taken to operating theatre for emergency neurosurgery...post operatively admitted to ICU". Injuries to the head are noted to be "right pneumocranium...fracture right parieto temporal skull...large right temporal extradural haematoma...left temporal subdural haematoma ...1cm contusion right mid brain...small traumatic subarachnoid haemorrhage...right precentral sulcus...multiple small contusions: both frontal lobes and left temporal lobe...base of skull fracture: right greater wind of sphenoid, extending into left middle cranial fossa and both superior orbital walls" Injuries to the neck and face are noted to be "right zygoma fracture...multiple fractures to both orbits: lateral and medical walls...scalp lacerations" Injuries to the chest are noted to be "moderate right anterior pneumothorax...extensive right lung contusions: upper mid and lower lobes...fracture right 4th rib...right middle lobe lung lacerations". Interventions are recorded to be "intubated and ventilated...percutaneous tracheostomy". Progress notes record "possible 'locked in syndrome'...slow neurological recovery...requires hoist...sometimes doubly incontinent...transferred for specialist neurological rehabilitation (25/09/2015).
18/08/2015	1	Tracheostomy
25/09/2015	15-17;321	Royal Stoke University Hospital discharge letter (Consultant R Price, Neurosurgery) stating full summary of injuries (see above) and emergency surgery for evacuation of right extradural haemorrhage and insertion of ICP *(intra cranial pressure)* monitor...intubation and ventilation for severe aspiration pneumonia ...tracheostomy...". Progress is noted to be slow with "mild weakness on left side...pureed diet...mobility sitting on edge of bed with phyisos and hoist...doubly incontinent...splint on both ankles".

		Rehab form also notes "cognitive/perceptual issues...psychology required...requires regular reassurance"

6.8 Review of Rehabilitation Records (Haywood Hospital, Stoke on Trent):

Date	Page	Record
29/09/2015	446	Ward SALT history sheets record "fast communication screen...score 30/30...when asked to name animal types, he gave 6 types of bird...higher assessment may be needed...". Able to engage in Wii session with activity co-coordinator but needed help negotiate the sensor on the screen.
30/09/2015 – 04/11/2015	447 – 477 493	Collection of ward notes from physio, OT and SALT. Report a steady progress in all aspects of recovery. Early prompting noted during OT sessions (page 519; 521). Breakfast Group Assessment forms showed that generally he need very few prompts in the kitchen but did "consider using the cream cleaner to clean the potatoes...after discussion he realised this was not appropriate" (21/10/2015)
	482;483	Some memory issues noted but "....memory was an issue prior to the accident" (page 459;463;465). Towards his discharge date, Mr Wozny is noted to have "walked approx 1 mile with no problems" with no road safety concerns (page 474; 02/11/2015).
	486	Goal attainment sheet on discharge notes his goals as "able to run on treadmill for 10 minutes...on upright bike resistance 5 for 15 minutes". At discharge Mr Wozny had achieved his goal of being independent in the kitchen and being able to prepare a meal.
01/10/2015	389-390; 515	Ward history sheets record "...getting more confidence...blurred vision...short orientation memory test 24/28". The Depression Intensity Scale Circles (DISCs) was completed by Mr Wozny and he ticked 'no depression'.
07/10/2015	408	Goal Planning meeting notes record "progressing extremely well in all aspects of rehab". Goals are based around exercises and diet
08/10/2015	393	Ward history sheets record "...saying left arm is weaker than right"
09/10/2015	512	Occupational Therapy Kitchen assessment notes record both "↓delayed recall (& ↓immediate recall)" were down.
12/10/2015	393	Ward history sheets record "...psychology – higher functioning assessment on-going...now walking with one *(with aid of one person)*...managing all meals well...".
15/10/2015	394;510	Ward history sheets record "...walking independently...he is enjoying his time in Haywood...eye

		sight much better...". Displays some fatigue when standing for periods of time.

6.9 Review of Rehabilitation Records (Haywood Hospital), continued:

19/10/2015	465	Notes record ¬"David described as alert, cheery and reported being in a relaxed and happy mood". "He scored 25/30 for MOCA V3 - only deficit was for delayed recall (0/5). David reported premorbid deficits in this area – examples provided included needing to write numerous notes and keep prompts on his iPad to recall orders for coffees for colleagues and work-related tasks"
20/10/2015	410	Goal Planning meeting notes record goals regarding walking, balance, self-care, self-medicating and SALT exercises.
02/11/2015	402	Ward MDT notes record "psych: cognitive deficit ***(premorbid)*** ..almost independent with stairs...going to shops – safety awareness...no problems identified..."
04/11/2015	412	Goal Planning meeting notes record "achieved all OT goals...enablement is not required as David is managing daily activities...nearly achieved all physio goals...balance nearly full score...normal diet and fluids..."
13/11/2015	357	**Clinical Psychology assessment summary:** Louise Joy Johnson, Trainee Clinical Psychologist, indicates "no significant impairments" with executive functioning, disinhibition, or apathy (frontal lobe functioning). Mild cognitive impairment was noted in relation to memory processing, especially for delayed memory and long-term verbal memory encoding and retrieval. Mr Wozny's pre-morbid intellectual ability was estimated to be in the high-average range. Mr Wozny fell into (what was described as in the "low" range for most domains in a test of neuro-behavioural functioning, but there was no impairment in the memory/attention domain, which is noted as "surprising". Mr Wozny reported "no clinically significant problems with anxiety or low mood. In fact, he is noted to be "highly motivated towards resuming domestic, leisure and work-related activities, which reflects his determination and resilience". Coping strategies are recommended to assist with memory issues.
		Comment: My review of the table provided in the brief report by the trainee Clinical Psychologist, Ms Joy Johnson, shows that she describes all scores in the 'low-average' range (i.e. between the 9th and the 24th percentiles) as 'low'. She has also rounded down the scores as defined in 'T' scores (e.g. a T score of 43 equates to the 25th percentile (within the 'average' range) or possibly slightly below; the trainee clinical

		Psychologist as reported the result as at the 23rd percentile (just within the 'low-average' range, which she describes as 'low'). Mr Wozny's score for memory/Attention was around the 18th – 19th percentile.

6.10 Review of Rehabilitation Records (Haywood Hospital) continued:

04/11/2015	354	Letter from Dr A K Ball, Consultant in Rehabilitation Medicine, Haywood Hospital, to GP, updating that Mr Wozny has been discharged. Nothing significant noted as problematic at this time.
23/12/2015	348	Letter from Dr A K Ball, Consultant in Rehabilitation Medicine, Haywood Hospital, to GP, updating that Mr Wozny reports "...managing well at home with his partner...occasionally feels low...feels his progress has slowed since his days as an inpatient...constant tingling sensations around his mouth...hearing is impaired...".
06/01/2016	640	History sheet notes by physio reporting Mr Wozny does not want anymore physio but "...very anxious and feels like little things seem to be stressing him...will get in touch with own GP to maybe see about CBT...".
22/01/2016	345	MRI head scan "sequelae of previous head injury in form of multiple microhemorrhages predominantly within the right frontal and temporal lobes with mild malacic change on the left side".
07/02/2016	342	Report on nerve conduction studies conclude "...asymptomatic mild sensory motor neuropathy...involving the lower limbs...findings may not be able to explain the hemisensory symptoms including the face, lips, upper and lower limb".
29/02/2016	340	Letter from Dr A K Ball, Consultant in Rehabilitation Medicine, Haywood Hospital, to GP, updating that Mr Wozny reports "worsening tingling sensations in his face, arms and lower limbs". Prescribed Pregabalin 75mg at night.
14/03/2016	641	Letter from Alison Arnold, Specialist Neuro Physiotherapist, to GP, reporting that Mr Wozny declined the offer of further input as "...was walking around town, doing stairs fine and his balance was good...nothing in particular he was struggling with and did not feel the needed to come..."
12/04/2016	338	Letter from Dr A K Ball, Consultant in Rehabilitation Medicine, Haywood Hospital, to GP, updating that Mr Wozny reports two new physical complaints "...discomfort on swallowing...unpleasant tingling sensations around and inside his mouth...on the left sided fingers and toes...". Other symptoms reported "...are related to anxiety and frustration at the effects of his brain injury...some symptoms of low mood but no severe signs of a

		biological depressive illness... he is hard on himself...feels his anxiety is unjustified and silly...probably a little better on the Beta blockers...hearing loss continues...".

Review of	**Haywood**	**Hospital records Continued:**
02/06/2016	329; 332	Letter from Dr A K Ball, Consultant in Rehabilitation Medicine, Haywood Hospital, to GP, updating that Mr Wozny "remains frustrated by his lack of abilities but is...continuing to gain insight...neuropsychology input continues...not noticed any benefit from Pregabalin...75mgs twice daily...neurological examination of upper limbs did not identify any focal weakness...only slight weakness in the left hand...difficulty with some occasional slurring of his speech and trouble swallowing dry foods...". It is noted there is "plenty of improvement to be expected over time". Dr Ball writes in a referral letter to the Speech & language Therapists (same date as above letter) that "He has made an excellent recovery and is living at home with his partner and receiving rehabilitation input just for high level cognitive and occupational functions"
06/06/2016	328	Letter from Dr A K Ball, Consultant in Rehabilitation Medicine, Haywood Hospital, to 'whom it may concern', stating that Mr Wozny "continues to have significant physical, cognitive and psychological problems...is making gains in his independence and function...a return to any form of work is not possible at the present time". ***(comment: hospital notes do not seem to support the notion of "significant problems")***

6.11 Summary of Medical Records

6.12 Hospital records indicate that Mr Wozny sustained a traumatic brain injury when he collided with a car whilst riding his bicycle, whereby he went over the handlebars and hit the windscreen. Ambulance records state "GCS 8 combative...pupils sluggish, lateral gaze, panda eyes developing, lac to occiput, no other obvious injuries...". His GCS score was 7/15 on arrival at A&E and his injuries were noted to include right sided lung contusion, pulmonary haemorrhage and laceration, pneumothorax with associated rib fractures, multiple facial contusions and fractures and a contusion of right mid-brain.

6.13 Further theatre notes indicate a right sided craniotomy was performed and an ICP monitor inserted. Bleeding from the right ear is recorded. Mr Wozny was intubated

with a Co-Amoxiclav 1.2g IV and sedated with Propofol. A Tracheostomy was performed on 18/08/2015.

6.14 Mr Wozny was kept on an ICP monitor for just over two weeks and sedated for three weeks. By 24 August 2015 he was able to obey verbal commands and continued to make slow neurological progress. Hospital notes do record some confusion and agitation, decreased memory and left-sided paresis (18/09/15; 22/09/15; 24/09/2015) but otherwise a good clinical recovery is noted.

6.15 North Staffordshire Rehabilitation Centre, Haywood Hospital notes record excellent progress from admission on 25/09/15 to discharge on 04/11/2015. During his stay, Mr Wozny made no complaints of depression or low mood and only mild complaints of memory problems, which were noted to have been present before the index event. There were mild complaints of blurred vision, tingling sensations in his mouth and some fatigue during OT and Physio exercises.

6.16 Some frustration and anxiety is noted in June 2016 regarding his current functioning compared to his pre-morbid functioning. Mr Wozny is noted to be still working with his Neuropsychologist.

6.17 **Mr Wozny's report of his medical history**

Mr Wozny reported that, as far as he could recall, he experienced the 'normal' range of childhood illnesses. He reported that he had not, pre-morbidly, suffered from any particularly noteworthy conditions nor required any counselling or input from a psychologist and denied any problems with anxiety or depression, prior to the accident. He did report that he had experienced some problems with sciatica in the past, but no previous head injuries.

6.18 **Current use of Alcohol / Drugs**

Mr Wozny reported that he stopped smoking after his accident and has not resumed, but clarified that he was "only always a social smoker, only smoking the occasional cigarette". He reported that he has "never been a big drinker" (i.e. of alcohol) and rarely drinks and reported he has never taken any illicit/recreational drugs.

6.19 **Appetite / Sleep**

Mr Wozny reported that his appetite is "fine", but described problems with his lips and tongue tingling when he eats, which makes eating unpleasant". He also reported that swallowing has become more difficult since the accident and this causes him discomfort. Mr Wozny described his sleep pattern as "not bad… it's okay".

8 Brief Background History

Mr Wozny described his childhood as “happy… pleasant, no worries”. He described himself as a “fit, bright child”, finding it easy to make friends and maintain relationships. He disclosed that he had been in some trouble with the police when he was a teenager, around the age of fourteen-fifteen years, and he received warnings for vandalism and shoplifting. He informed me that he had a very enjoyable time working on a Camp America programme in the U.S.A. and that, overall, he enjoyed his teenage years. Mr Wozny reported that he married “around 2003... and we split around 2006” He reported that he has a daughter, aged eleven years, who lives with her mother, and has been co-habiting with his current partner, Ruth for approximately four years.

9. Educational history:

9.1 Mr Wozny reported that he attended the Thistley Hough Mixed High School and saw himself as "above average" academically, at the time. He reported that he did not have any problems with socialisation whilst at school and was not involved in any particularly noteworthy disciplinary or behavioural problems whilst at school. Mr Wozny reported that, whilst at school, he achieved two GCE qualifications (Grade 'C') and two CSE qualifications (Grade 'A').

9.2 Mr Wozny reported that, after leaving school, he entered a "YTS engineering apprenticeship, which lasted two years and which he enjoyed. He reported that he then "got a proper apprenticeship with an engineering company, with a day-release programme", attending college, (B.Tech engineering course). He informed me that he was awarded an "O.N.C.". Mr Wozny informed me that between 1989-1993, he attended Staffordshire University, on a four-year engineering degree course.

9.3 Occupational History:

9.4 Mr Wozny reported that, after he had obtained his degree in engineering, he worked for G.E.C. for three years, then took an I.T. job with Tarmac Construction, which lasted two years. He reported that subsequent job roles have always involved him fulfilling a "computing-type role". He reported that "for the seven-eight years up to the accident, I was self-employed" and informed me of how successful he was at this. He reported that he was able to buy three houses because of his success and had felt very good about that.

9.5 Current Circumstances:

Mr Wozny reported that he lives in a four-bedroom detached house, stating he "loves it" and likes the location in which he lives. He denied any problems with his living arrangements, but disclosed that it was stressful for him managing the other houses. He denied experiencing any other particular external stressors.

9.6 **Current functioning / use of leisure time:**

Mr Wozny reported that generally, most days, he engages in some reading and going for walks. He also reported that he does "a little" gardening, only a little housework and some shopping, but explained that usually he gets his shopping delivered. Mr

Wozny reported that he enjoys watching television and does not have any problems with watching films or remembering the plots of films/what is happening, in the film, whilst he is watching it.

9.7 Mr Wozny also reported that he has engaged in "a little" cycling (approximately a month ago) and sometimes engages in some cooking, but explained that his partner Ruth usually "does it really". He reported that he goes for meals approximately once or twice a fortnight but never goes to the pub.

9.8 Mr Wozny reported that he typically wakes up around 7:30am and rises by approximately 8:20am. He reported that after having breakfast he might walk to his mother's house (15 to 20 minute walk), or go to the shop.

9.9 Mr Wozny informed me that he might stay at his mother's house for approximately two hours, or he will stay at home, watching television or reading a book/newspaper (e.g. he is currently reading a book entitled 'History of the World'). He reported that he might make some lunch after which he might "walk to the park", or watch a recorded programme/look at videos on You Tube. He described it as "killing time until Ruth comes home at around 5:30pm", after which he typically watches television in the evenings.

10. Complaints / problems reported at time of testing

The following problems/complaints were made by Mr Wozny in the order as described below:

10.1 **Problems with eating:** Mr Wozny reported that he finds eating more difficult and uncomfortable because of the tingling in his tongue and lips.

10.2 **Sense of purpose:** Mr Wozny reported that he finds it difficult finding something constructive/useful to do, which affects his mood and can be frustrating/deflating.

10.3 **Relationship with daughter:** Mr Wozny reported that he feels he has lost a sense of involvement with his daughter, which he finds distressing.

10.4 **Lack of employment:** Mr Wozny reported that he is desperate to go to work in order to have a useful purposeful life.

10.5 **Memory:** Mr Wozny reported that he has problems with his memory, in particular with his "short-term memory, generally".

10.6 At this point Mr Wozny did not report any other particular problems at this time. His partner, Ruth Hamlett, reported "practically, he is fine but the numbness in his left hand reduces his dexterity". She reported that "his anxiety is improving" but that unexpected events can leave him distressed, such as misplacing his keys. Miss Hamlett also reported that he demonstrates frustration in regard to him not meeting his own self-expectations.

Results from Assessments and Tests

11. Presentation at testing:

11.1 Mr Wozny was assessed at the Newtown Hospital, Worcester, in my consulting room. He presented as reasonably well groomed, with no signs of self-neglect or low mood, was reasonably friendly, alert and cooperative. His speech was of normal volume, flow and intonation, with no dysfluencies or hesitations and no observed problems with his word-finding in the course of 'normal' conversation.

11.2 Mr Wozny reported that he had travelled down with his partner the night before, but could not recall the name of the accommodation in which he stayed. However, he was able to provide me with broad details of the hotel in which they had stayed (e.g. generally where it was located, near Worcester, what it was like and how long it had taken to travel from the hotel to the hospital that morning). In addition, he was well-orientated to place, day of the week, time and date. Accordingly, from an *informal, observational* perspective, it appeared that Mr Wozny did not present with ***severe*** problems regarding his day-to-day memory functioning.

12. I also included a specific assessment to ascertain if there was any evidence of a formal thought disorder, dysfunctional thinking or psychotic phenomena. He responded to my enquiries in a sensible, logical manner and I could find no evidence of any delusional ideation or obsessional ruminations. He denied any experience of auditory or visual hallucinations.

12.1 He denied any paranoid ideation or particular ideas of reference. There was no evidence of any formal thought disorder, pressure of speech or of feeling detached/dissociated.

13. Assessment of engagement and effort

In order to facilitate accurate estimation of the extent and nature of any neuropsychological impairment, it is important that the person being assessed provides good, full effort throughout the assessment.

13.1 If the person does not provide their best effort during the assessment process, the results will be unreliable and are likely to represent an underestimation of their true level of functioning. Mr Wozny was informed at the beginning of the assessment that he must provide his best effort at all times. He was administered a visual test of engagement and effort (which, whilst appearing quite difficult is actually extremely easy). Mr Wozny passed all the trials on this test.

13.2 A further (verbally-mediated) test of effort was administered during the assessment process and Mr Wozny also passed all trials on this test. In addition, there were no 'difficult-to-explain' inconsistencies, within his response set, across the various neuropsychological tests that were administered to him. Accordingly, it is my opinion that the results from this assessment and the neuropsychological /psychological profile derived from this assessment may be considered a reliable reflection of Mr Wozny's current functioning.

14. Mood Assessment

14.1 When asked about his 'day-to-day' mood, Mr Wozny replied "Okay… not miserable… reasonable". His partner, Ruth informed me "he is a lot more positive now" explaining that, regarding his mood "January, February and March of this year were difficult for him". He denied strongly that he felt helpless and reported that he sees himself as 'able', but reported that his perspective of the future was "grim... I have a horrible perspective of the future". However, he strongly denied any suicidal ideation.

14.2 Mr Wozny's mood was also subjected to psychometric mood evaluation and his score on the Beck Depression Inventory (BDI-II) that helps to assess for depression, was within the 'moderate' range. His score on a 'hopelessness-optimism' scale (Beck Hopelessness Scale: BHS), was also within the 'moderate' range, suggesting a moderate degree of pessimism about the future. His responses on a measure of his sense of self-worth/self-evaluation (EBS) scale indicated some mild ambivalence about his sense of self-worth/self-esteem.

14.3 Mr Wozny's score on the State Anxiety Inventory (STAI-S: anxiety experienced at the time of the assessment), was a little high, suggesting that at the time of the

assessment he was experiencing some anxiety. However, he was able to laugh at light-hearted comments and was able to make light-hearted comments himself. In addition, at various times, during the clinical interview, I noted that his body language indicated quite a relaxed posture (suggesting that he was reasonably relaxed at those moments). His score for 'trait' anxiety (i.e. general 'background' anxiety), was assessed using the Trait Anxiety Inventory (STAI-T), and his score on this was high (over 2 standard deviations above the mean) which suggests that he is experiencing a relatively high degree of anxiety and worry generally on a day-to-day basis.

14.4 The Spielberger State and Trait Anger Inventory was utilised to assess Mr Wozny's level of state anger/irritability and his score on the State Anger Scale was easily within normal range (i.e. a low score). His score on the Trait Anger Scale was also easily within normal limits (i.e. very low score). These scores suggest that Mr Wozny is not experiencing any particular problems with anger, currently.

14.5 In order to ascertain if Mr Wozny was experiencing any depressogenic, maladaptive attitudes and beliefs which are 'stressful-to-live-by', the Dysfunctional Attitude Scale (DAS), was administered. His score on the DAS subscale for 'Dependency' was easily within 'normal' limits, whilst his scores for both 'Self-control' and 'Achievement' also indicated scores close to the 'normative' mean (i.e. easily within 'normal' limits) regarding a need for achievement and for self-control.

14.6 In summary, a review of both Mr Wozny's oral responses during the clinical interview and his written responses on the measures of mood, indicate that he may be experiencing some mild-moderate depression, with a notable degree of background anxiety and worry, but he was reporting no problems regarding anger, dependency, need for achievement or control.

15. Intellectual Assessment

Assessments of Mr Wozny's premorbid level of intellectual functioning and of his current intellectual functioning were conducted, to determine his current level of intellectual functioning compared to his predicted premorbid level.

16. Premorbid Abilities

The Test of Premorbid Functioning (TOPF) was administered to estimate Mr Wozny's premorbid level of functioning. He made some errors on this test and accordingly, his TOPF score estimated his premorbid abilities, predicting a pre-injury full-scale IQ of 120 (i.e. in the 'superior' range, close to the 91st percentile: *the 'borderline learning disabilities' range extends from the 2nd percentile to the 9th percentile: 'low-average' extends from the 9th to the 24th percentile; the 'average' extends from the 25th to the 74th percentiles; 'high-average' refers to the range between 75th and 91st percentiles*). However, I note that his score on the TOPF when assessed some months ago, at the Haywood rehabilitation Hospital, was in the 'high-average' range. Accordingly, his current score on this measure may reflect some degree of practice effects.

16.1 Overall, based on his reading ability, educational history (including his own reports about his premorbid level of academic ability, at Staffordshire University), his occupational history (running his own company) and his performance on the TOPF, I would estimate Mr Wozny's pre-injury level of functioning to be within the 'high-average' range, possibly on the borderline of the 'superior' range.

17. Current Intellectual Functioning

Mr Wozny was administered the *Wechsler Adult Intelligence Scale – Fourth Edition* (WAIS-IV) from which his IQ and index scores were derived. The Full Scale IQ (FSIQ) is the aggregate of the Verbal and Performance scores and is usually considered to be the most representative measure of global intellectual functioning. Mr Wozny's overall FSIQ score (which reflects a range of abilities) was 121 (close to the 92nd percentile: 'superior' range).

17.1 Verbal and Non-Verbal abilities

The Verbal Comprehension Index (VCI) score reflects a person's ability to comprehend verbal stimuli, communicate thoughts and ideas with words and reason with semantic material. Mr Wozny's VCI index score was 116 (86th percentile). He achieved a score at the 63rd percentile for abstract-reasoning (Similarities subtest), whilst his score for the Vocabulary subtest and the Information subtest were both at the 91st percentile. Mr Wozny's Perceptual Reasoning Index (PRI) was 121 (92nd percentile; 'superior' range). He demonstrated intact: visuo-spatial abilities (Block Design; 84th percentile), non-verbal reasoning (Matrix Reasoning; 84th percentile), and perceptual-reasoning abilities (Visual Puzzles: 95th percentile).

17.2 Working Memory

Working Memory (WM) is the ability to hold and process information in memory, in order to formulate a response/perform a specific task. Mr Wozny's Working Memory Index (WMI) score was 139 (above the 99th percentile; 'very-superior' range). Mr Wozny's working memory was assessed across a variety of tasks and found to be easily intact (i.e. Digit Span: 95th percentile; Mental Arithmetic: 99.9th percentile, whilst his score for Letter-Number Sequencing, which is a complex working-memory task was at the 91st percentile.

18. Processing Speed Abilities

18.1 Mr Wozny's Processing-Speed Index score (reflecting the speed he was able to process non-verbal material) was 92 (30th percentile – 'average' range). He was then administered the Speed and Capacity of Language Processing test (SCOLP), to assess his speed of *verbal* processing. His score was at the 50th percentile. I also

utilised the Information Processing subtest from the Adult memory and Information Processing Battery (AMIPB), to assess his speed of numerical processing.

18.2 Mr Wozny's adjusted score on this test was close to the 50th percentile, with a motor speed score close to the 83rd percentile ('high-average' range); his 'error' score was between 25th -50th percentiles.

18.2 His speed of verbal response on the Hayling Test (see below), also reflected intact speed of processing (he responded to 13 out of 15 items in less than a second each, and just over a second for each of the other two items).

18.3 In addition, Mr Wozny did not report any problems with his speed of thinking or speed of reaction, generally. Overall, it is my opinion that, he whilst he does not have any particular *problems* with his speed of processing, it is likely to be a little reduced from his premorbid level of functioning.

19. Memory

The Wechsler Memory Scale, Fourth Edition (WMS-IV) was utilised to assess Mr Wozny's memory functioning. His Auditory Memory Index (AMI) score was at the 5th percentile (within the 'borderline learning disabilities' range). His Visual Memory Index (VMI) score was at the 16th percentile ('low-average' range) whilst his Immediate Memory Index (IMI) score was at the 7th percentile ('borderline learning disabilities' range). Mr Wozny's Delayed Memory Index (DMI) score was at the 5th percentile (within the 'borderline learning disabilities' range).

19.1 On the subtests that make up these indices, Mr Wozny's scores for both immediate and delayed recall regarding his 'day-to-day' memory ability (Logical Memory I and II) were at the 5th percentile. His score for immediate visual recall was at the 37th percentile (Visual Reproduction 1) whilst his score for delayed recall of the same information was at the 50th percentile. However, his scores for another visual memory test on the WMS-IV reflected more reduced functioning in the visual domain. He achieved a score at the 16th percentile for immediate recall of a range of designs (Designs 1), but his score for delayed recall of the same visual information

was at the 2nd percentile. Mr Wozny's immediate and delayed recall scores for verbal-learning were at the 9th and 16th percentiles respectively.

20 Naming

On an object-naming task (Graded Naming Test) Mr Wozny achieved a score at close to the 75th percentile (i.e. out of 30 items, he achieved a score of 23).

20.1 I then administered an informal naming task comprising thirty different 'day-to-day' type objects, (e.g. pen, key, signpost, ball, padlock, cellotape, book, flower, paintbrush, etc.). He achieved a maximum score on this test. Accordingly, it is my opinion that Mr Wozny does not have any particular problems in naming generally or in naming day-to-day type objects.

21 Executive Functioning Assessment

Various aspects of Mr Wozny's functioning were assessed utilising the Delis-Kaplan Executive Functioning System (D-KEFS) battery of tests. On a test of visual scanning, Mr Wozny scored at the 95th percentile. On a further test of visual scanning that involved sequencing numbers, his score was at the 91st percentile ('superior' range of ability).

21.1 On a test of visual scanning involving sequencing letters of the alphabet, Mr Wozny scored at the 75th percentile ('high-average' range), whilst his score for number-letter switching (the most difficult task) was at the 63rd percentile (i.e. towards the top of the 'average' range).

21.2 His motor speed on the Trails test was at the 75th percentile. Taking into account Mr Wozny's scores across this range of scanning and sequencing tasks (DKEFS Trails subtests), it is my opinion that he does not have any problems in these areas of executive functioning. All the Trails subtests are visually-mediated and timed, and his very good scores also reflect very good speed-of-visual-processing abilities and very good ability to maintain attention and concentrate.

21.3 Mr Wozny's verbal-fluency abilities were assessed using the DKEFS and on a subtest of letter fluency, he achieved a score at the 63rd percentile, whilst his score

for category fluency was at 'mid-average' (i.e. 50th percentile). His ability to switch between categories was (just) within the 'average' range (i.e. 25th percentile), with a category switching accuracy score of 11 (37th percentile). These scores are a little lower than expected and whilst they do not reflect an ***absolute*** impairment, they are likely to reflect somewhat of a reduction in his abilities in these areas from his premorbid level of functioning.

21.4 Mr Wozny's ability at deductive reasoning was also assessed, utilising the Twenty Questions subtest of the D-KEFS and his initial abstraction score was at the 37th percentile ('average' range). The total number of questions he needed to ask in order to achieve a solution was quite low, producing a very good score at the 84th percentile ('high-average' range) whilst his overall total 'weighted-achievement' score was at the 91st percentile ('superior' range). His scores on this test suggest that he does not have any problems with his deductive reasoning abilities.

22 The Hayling Test (Section 1 & Section II) was utilised to assess Mr Wozny's response initiation speed, response suppression ability and thinking time. He achieved a final overall score of 20 (out of a maximum score of 23) on this test. His scaled score for speed of response (Hayling Test, Section 1) was 6 ('average' range) and, as described above (Processing Speed Abilities, Section 18.2), his speed of response across the items in Section 1 indicated no problems with his verbal speed of processing.

22.1 On the second part of the Hayling Test, which is a 'response suppression' test (a more difficult task than Section 1 of the Hayling Test), Mr Wozny's speed of response was in the 'average' range. However, he did not make any errors (scale score of 8: 'good' performance, above 'high-average').

22.2 His performance on both these tests suggests that he does not have any problems with word-finding in context, or with shifting his line of thinking or with perseveration or impulsivity.

23 The Biber Cognitive Estimations Test was utilised to assess Mr Wozny's ability to make judgements and estimations. He achieved a score of 19/20, which also

suggests that he does not have any particular problems in making judgements and estimations.

23.1 In addition he was also administered the Temporal Judgments subtest of the BADS Battery of Tests (the Behavioural Assessment of the Dysexecutive Syndrome Test). Mr Wozny achieved an 'average' score on this test.

23.2 Further subtests of the BADS were administered to assess Mr Wozny's planning abilities. On a task of simple planning (BADS Key Search), Mr Wozny achieved a maximum score (Profile score of 4) which indicated that he was able to plan his way through a simple, novel task.

23.3 A more complex planning task (BADS Zoo Map) was administered and Mr Wozny made one error. Overall, he achieved a profile score of 3 (in the 'average' range) on the BADS Zoo Map test which suggests that he does not have any particular problems with complex planning.

23.4 Across a range of tests of executive functioning, Mr Wozny's scores indicate that he has intact abilities in making judgements and estimations, planning, visual-sequencing, visual switching, word-finding in context, speed of language processing and speed of numerical processing

23.5. The results show that Mr Wozny also does not have problems with shifting his line of thinking, impulsivity, perseveration, or deductive reasoning. His scores from the WAIS-IV indicate intact abstract thinking, intact constructional/organisational abilities (e.g. Block-Design) and intact perceptual-reasoning abilities.

23.6 On formal tests of working memory, Mr Wozny's overall performances was in the 'very superior' range, whilst his ability to focus and maintain his concentration (e.g. as reflected on his performances across a range of timed tests, such as Mental Arithmetic; Symbol-Coding; the Trails subtests; Part II of the Hayling Test) reflected intact functioning. Overall, his scores across a range of tests of executive functioning indicate that he does not have any particular difficulties in this area.

24 Summary

24.1 A review of the medical records indicate that Mr Wozny was a cyclist involved in a road traffic accident on July 31st 2015, with a Glasgow Coma Scale (GCS) score of 7/15 at the scene and at 8/15 soon after. Hospital records reported a range of injuries o the head and brain including right cerebral convexity extra axial haematoma with mass effect, midline shift, haemorrhage in the right precentral sulcus, contusions in the right midbrain, bilateral fronto-parietal contusions, contusions in the right inferior frontal lobe' left temporal lobe and left pre-sylvian frontal lobe.

24.2 Further injuries included fracture along the right squamous temporal bone, and fractures of the linear basal skull, the right zygoma and right mastoid, mandibular articular (fossa) surface of the right temporo-mandibular joint, the floor of the right ear canal and of the lateral plate of the left pterygoid.

24.3 Mr Wozny reported that he was unable to remember the accident itself (or recall any events in the month the accident occurred) and his recall for events immediately after the accident is totally absent. Mr Wozny reported that he is aware that he was discharged to the Haywood rehabilitation Hospital, in September but informed me that his first memory of events following the index event was after he was admitted into the rehabilitation hospital.

24.4 I could find no definitive assessment of post traumatic amnesia, in the medical records, but I am aware that Mr Wozny was sedated and intubated, whilst in hospital. This makes it very difficult to gauge the length of any post traumatic amnesia (PTA).

24.5 However, taking into consideration Mr Wozny's recall of his 'first' post-accident memory, (i.e. ***after*** being discharged from the Royal Stoke University Hospital) along with the injuries he sustained (see paragraph 24.1 above), it is my view that he sustained a very severe brain injury.

24.6 **Mr Wozny's cognitive and emotional functioning**

Mr Wozny passed two tests of effort, whilst his performance across a wide range of tests produced a range of very good scores (itself reflecting good effort). Accordingly, it is my view that the results of this assessment are reliable.

24.7 Mr Wozny's premorbid level of functioning was estimated to be at least, in the 'high-average' range and his full scale IQ was found to be very similar to the estimation of his premorbid level of functioning.

24.8 Mr Wozny's score for the Verbal Comprehension Index was within the predicted range, as was his score for the Perceptual Reasoning Index. His full scale IQ was at the 92nd percentile whilst his General Ability Index (GAI) score was very similar (93rd percentile). Except for his scores for visual speed of processing (see below), Mr Wozny's scores on the WAIS-IV reflected intact functioning.

24.9 Mr Wozny's scores derived from his performance on the tests of verbal and visual reflect reduced memory functioning in both visual and verbal modalities. His scores indicate that his Auditory Memory abilities exceeds only 5 percent of his peers, and is significantly lower than expected, taking into account his GAI.

24.10 Mr Wozny's Delayed Memory and Immediate Memory skills are at the same or very similar (low) level. Mr Wozny's visual memory skills were slightly better although there is significant inconsistency between performances on some of the visual memory subtests. He did report that his memory abilities, prior to his accident were not particularly good, but I suspect that he may have been comparing this to his high overall general cognitive abilities. Taking his memory results into account, it is my view that there is no doubt that Mr Wozny's verbal memory functioning is markedly reduced, whilst his visual memory functioning also reflects a notable reduction, generally, from his likely premorbid level of functioning.

24.11 Whilst there is some degree of variability across tests of information processing, (with his WAIS-IV results indicating a *relative* 'mild' impairment), Mr Wozny did nevertheless achieve a score in the 'average' range for both speed-of-language processing and for speed of numerical processing.

24.12 A review of his speed of response on the timed Block Design test, reveals a speed of processing which was very good and easily within the time limits for 12/14 tasks he completed.

24.13 Typically, people with very good/excellent reasoning abilities often tend to perform at a lower level (albeit still at an 'adequate' level), on processing-speed tasks. Mr Wozny's processing speed scores were still all in the 'average' range.

24.14 Accordingly, taking into consideration my observations of his speed of response during the assessment process and during routine conversations, it is my opinion that Mr Wozny's speed of processing remains reasonably intact.

24.15 There were no problems with naming, whilst his executive-functioning skills scores were very good.

24.16 Thus, his deductive reasoning skills were easily intact, with no problems regarding planning, making judgements/estimations, abstract thinking, non-verbal reasoning, word-finding in context, visual scanning and visual switching, organisation/constructional ability and perceptual reasoning.

24.17 **Mood:**

Mr Wozny did not verbally report problems with anxiety, or depression during the clinical interview process, but his score on the psychometric measures for trait anxiety and depression indicated some problems in these areas (i.e. high for anxiety; moderate for depression).

24.18 I note that his partner, Ruth reported during the interview process that he was "a lot more positive now". I feel that it is more likely than not that Mr Wozny is experiencing a relatively high degree of 'background worry' but that he is not (moderately) depressed. Rather, he is, in my view, currently on the borderline between mild mood variation and 'moderate clinical depression'. There were no problems with anger reported or identified.

25 Conclusions and Opinion

25.1 Opinion regarding Impact on current daily living abilities

25.2 Mr Wozny reported to me that he engages in a number of leisure activities including walking reading, watching television, with only occasional episodes of cycling, cooking, shopping and gardening. He reported that he may go out for a meal approximately once or twice per fortnight. He explained that he "never really had a good circle of friends" and if he and his partner Ruth are visited by friends, it tends to be her friends.

25.4 I understand from Mr Wozny and his partner Ruth that it is only relatively recently that they feel things are developing for him, regarding the input from a range of professionals, which include a case manager, Physiotherapist, Occupational Therapist and Occupational Psychologist. I do gain the impression that Mr Wozny has made excellent progress so far, since his accident last July and that the involvement from these professionals is timely and likely to increase his progress significantly. Mr Wozny's motivation to improve appears to be high, so, with the right structure and routines put in place, I would anticipate good progress over the next year.

25.6 Impact on employment

Mr Wozny reported that he is very keen to return to has been able to return to work, and have "something constructive and useful to do". At this stage, I believe that Mr Wozny will need some memory rehabilitation input from a neuropsychologist, to provide him with strategies to help him in the work environment.

25.7 It is only just past one year after the index event and so it is quite possible that Mr Wozny will continue to make improvements in his cognitive functioning (i.e. his memory functioning), from a neurological perspective.

25.8 Thus, at this stage, I feel it is too early to provide any meaningful prognosis regarding the longer-term impact of the index event, on Mr Wozny's ability to successfully return to work.

25.9 Assistance, support and guidance from an Occupational Therapist (OT) for work re-entry is strongly recommended, initially, to determine how Mr Wozny might cope, possibly leading to a phased-return/part-time basis, which I would anticipate.

25.10 The most significant problems he is experiencing are with his memory, along with some relatively mild reduction in some aspects of his speed of processing and thus input regarding work-orientated memory strategies is indicated. I would emphasise that clear, relevant, purposeful rehabilitation goals (along SMART goal-writing lines) are devised (with Mr Wozny's meaningful participation). These should provide the introduction of structure, routine activities and should be frequently reviewed. In addition, Mr Wozny would benefit from a programme of Cognitive-behavioural Therapy (CBT), conducted by a Clinical Neuropsychologist, who is qualified in CBT (i.e. an Accredited CBT Therapist). I would anticipate that the Clinical Neuropsychologist would routinely provide the memory-rehabilitation sessions, along with a further 12-15 sessions of CBT for Mr Wozny's problems with anxiety and mild-moderate depression.

26 Prognosis

26.1 I would recommend that Mr Wozny is re-assessed in approximately 15-18 months Generally, I would anticipate good progress and a phased increase in 'at-work' experience (as I have described above). I do not have any concerns about Mr Wozny's capacity to manage his own affairs or to instruct his legal team.

Dr DENE FORK
Consultant Neuropsychologist

Brief CV/Personal Information:

Relevant Professional History
After gaining an Honours Degree in Psychology in 1989 (University of Birmingham), I passed a Masters Degree in Clinical Psychology (1991), and went on to be awarded the Doctorate in Clinical Psychology in 1994 (University of Birmingham), whilst working at All Saints Psychiatric Hospital in Birmingham. My experience at All Saints Hospital, includes working with people with a range of mental health problems (e.g. PTSD, panic disorder and other different types of anxiety-based disorders, depression, bereavement, personality disorders, psychosis), and with people who have an acquired brain injury.

I was awarded the Diploma in Clinical Hypnosis in 1994 (University of Sheffield) and I was awarded Chartered status in the same year. After three years at All Saints Hospital (ASH), I took the post of Lead Clinical Psychologist, in Dudley, where I set up and ran a Neuropsychology Service, whilst also working in general Adult Mental Health (working with people suffering from a range of mental health problems). One year after taking up post, I was awarded the Diploma in Clinical Neuropsychology (Institute of Psychiatry, University of London, 1995). After three years, in 1997, I took up as Consultant Clinical Psychologist and Head of Neuropsychology at the Royal Leamington Spa Rehabilitation Hospital. I then (March 2005) took up post as Head of Neuropsychology for Worcestershire. I am a practising accredited Cognitive-Behavioural Psychotherapist and a qualified clinical hypnotherapist with several publications in the fields of psychology. I am an Honorary Tutor in Clinical Psychology at the University of Birmingham, where I teach about the assessment and therapy of the Anxiety Disorders, and I am Honorary Tutor in Psychology at the University of Coventry and Warwick, where I co-ordinate the Neuropsychology teaching on the Doctoral course in Clinical Psychology

Professional Qualifications
B.Sc. (Hons) Psychology (2:1)., M.Sc. (Q) Clinical Psychology., Clin.Psy.D. (Doctorate), Dip.Clin.Hypnosis; Dip. Clin.Neuropsychology.

Memberships of Learned Societies
I am a Chartered, Associate Fellow of the British Psychological Society (BPS), a member of the Division of Clinical Psychology, and the Division of Neuropsychology (within the BPS), and a Member of the British Society of Experimental and Clinical Hypnosis. I am also a member of the British Neuropsychiatric Association, a member of the British Neuropsychological Society, and a member of the Society of Expert Witnesses. I am currently referenced in the Law Society's Directory of Expert Witnesses.

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