Expert Brief Pack: Medical Records Summary

Fictional Example – For Portfolio Purposes Only

Ref: JAA0100134

Prepared For: Expert Physician

Prepared By: Asher Medico-Legal Consulting

Date: 24 June 2025

Plaintiff Name: John Smith

DOB: 03/05/1979

Complaint

46-year-old plaintiff with ongoing lumbar and radicular symptoms following a workplace lifting incident. Despite conservative management and subsequent L4/L5 fusion surgery, the plaintiff reports continuing pain, restricted function, and an inability to return to work

Table 1. History/Comorbidities

Date	History / Comorbidity	Summary
18 Aug 2021	Mechanical lower back pain	Acute mechanical lumbar pain following lifting furniture. Managed conservatively with NSAIDs and home exercises. Symptoms resolved within approximately three weeks with return to unrestricted work.
2022	Hypertension	Diagnosed and managed by GP. Blood pressure controlled on antihypertensive medication. No documented end-organ complications.
Ongoing	Elevated body mass index	BMI approximately 33 kg/m². Weight reduction recommended as part of conservative management before surgical intervention.

Ongoing	Hypercholesterolaemia	Managed with lipid-lowering medication. No documented complications relevant to the current injury.
Pre-injury	Smoking history	No documented history of smoking.
Pre-injury	Previous spinal surgery	No history of spinal surgery prior to the L4/L5 fusion undertaken in July 2024.
Pre-injury	Neurological history	No documented neurological disease, peripheral neuropathy, or previous radiculopathy.
Pre-injury	Inflammatory/rheumatological disease	No documented inflammatory arthritis or systemic musculoskeletal disorder.

Social and Occupational History 46-year-old warehouse supervisor employed in full-time manual work at the time of the incident.

- Employment involved repetitive lifting, bending and manual handling of loads up to approximately 30 kg.
- Independent in activities of daily living prior to the workplace injury.
- Recreational activities included gardening, recreational cycling and home maintenance.
- Married with two dependent children.
- Resided in a single-storey home.
- Following surgery, reports inability to return to manual employment and reduced participation in recreational and household activities.

Table 2. Medical Records Reviewed

Provider	Requested	Date Range	Clinical Records Reviewed	Approx. Pages
Dr Sarah Wilson – General Practitioner	March 2026	Aug 2021 – Mar 2025	GP clinical records, referrals, certificates of capacity and follow-up consultations	1,230

ABC Physiotherapy	March 2026	Mar 2023 – Dec 2024	Initial assessment, treatment notes, rehabilitation progress reports and discharge summary	58
Dr Michael Andrews – Orthopaedic Surgeon	March 2026	5 Sep 2023	Initial orthopaedic consultation	40
Dr Rebecca Chen – Orthopaedic Surgeon	March 2026	Nov 2023 – Mar 2025	Initial consultation, post-operative reviews and ongoing management	23
Central Radiology	March 2026	Mar 2023 – Feb 2025	MRI Lumbar Spine (24 Mar 2023), CT Lumbar Spine (15 Jan 2025) and MRI Lumbar Spine (22 Feb 2025)	8
St Vincent's Private Hospital	March 2026	15–17 Jul 2024	Admission records, operative report, anaesthetic record, recovery room nursing notes, inpatient nursing notes, inpatient physiotherapy assessment and discharge summary	1,000
Karen Lewis, Occupational Therapist	March 2026	2 Apr 2025	Functional Capacity Evaluation	60

Table 3. Potential Outstanding Records

Potential Outstanding Records	Relevance
Ambulance records	Mechanism of injury and initial presentation
Pharmacy dispensing history	Medication use and compliance
Pain medicine specialist records	Management of persistent post-operative symptoms

Nerve conduction studies (if performed)	Assessment of ongoing radiculopathy
Return-to-work reports	Functional progression and work capacity
Radiology images (DICOM)	Independent review of imaging findings

Table 4. Chronology

Date	Record Type	Key Findings / Result	Source Document & Page Reference
18 Aug 2021	GP Consultation	Presented with lumbar pain after moving furniture. No radicular symptoms. Full lower limb strength and sensation. Managed conservatively with NSAIDs and home exercises. Symptoms resolved.	GP Records – Dr Sarah Wilson (pp. 14–16)
15 Mar 2023	Employer Incident Report	Reported immediate onset of lower back pain while lifting a 30 kg box at work. Ceased duties immediately.	Employer Incident Report (pp. 1–3)
17 Mar 2023	GP Consultation	Lumbar tenderness, reduced flexion and positive right straight leg raise. No neurological deficit. MRI requested. Physiotherapy commenced. Certified unfit for work.	GP Records – Dr Sarah Wilson (pp. 18–22)
24 Mar 2023	MRI Lumbar Spine	Right paracentral L4/L5 disc protrusion contacting the traversing right L5 nerve root with mild foraminal narrowing. No fracture or instability.	Lumbar Spine MRI Report (pp. 1–3)
29 Mar 2023	Physiotherapy Initial Assessment	Reduced lumbar range of movement, antalgic gait, pain rated 7/10, reduced tolerance for sitting and lifting. Rehabilitation programme commenced.	ABC Physiotherapy – Initial Assessment (pp. 2–6)
Apr–Aug 2023	Physiotherapy Progress Notes	Gradual improvement in lumbar mobility and core strength. Persistent right-sided	ABC Physiotherapy Progress Notes (pp. 7–28)

		sciatic pain during lifting and prolonged sitting.	
5 Sep 2023	Orthopaedic Surgical Consultation	MRI reviewed. No significant neurological deficit. Recommended weight loss, structured physiotherapy, core strengthening and ongoing conservative management. Surgery not recommended.	Dr Michael Andrews – Orthopaedic Consultation (pp. 1–6)
18 Nov 2023	Orthopaedic Surgical Consultation	Persistent radicular symptoms despite conservative management. Positive straight leg raise, mild L5 sensory deficit and ankle dorsiflexion weakness. Lumbar fusion recommended.	Dr Rebecca Chen – Orthopaedic Consultation (pp. 1–7)
15 Jul 2024	Admission – St Vincent's Private Hospital	Admitted for elective L4/L5 lumbar fusion.	St Vincent's Private Hospital – Admission Record (pp. 1–4)
15 Jul 2024	Operative Report	Successful decompression and instrumented L4/L5 fusion performed. No intra-operative complications.	Operative Report – Dr Rebecca Chen (pp. 5–10)
15 Jul 2024	Recovery Room Nursing Notes	Neurologically intact. Pain managed with analgesia. Stable observations. No excessive wound drainage or immediate complications.	PACU Nursing Notes (pp. 11–16)
16 Jul 2024	Inpatient Physiotherapy Assessment	Mobilised 20 metres using walking frame. Educated regarding spinal precautions and graduated mobilisation programme.	Physiotherapy Assessment (pp. 17–20)
17 Jul 2024	Discharge Summary	Discharged home with outpatient physiotherapy, analgesia and activity restrictions. Follow-up with treating surgeon arranged.	Hospital Discharge Summary (pp. 21–24)
30 Jul 2024	Orthopaedic Post-operative Review	Wound healing satisfactory. Mechanical back pain improved. Persistent intermittent right leg pain. Continue physiotherapy and gradual activity progression.	Dr Rebecca Chen – Post-operative Review (pp. 8–11)

Aug–Dec 2024	Physiotherapy Progress Notes	Walking tolerance improved to approximately 30 minutes. Improved transfers and core strength. Persistent radicular pain and reduced lifting tolerance.	ABC Physiotherapy Progress Notes (pp. 29–58)
15 Jan 2025	CT Lumbar Spine	Stable instrumentation. Progressing bony fusion. No hardware loosening or pseudarthrosis identified.	CT Lumbar Spine Report (pp. 1–2)
20 Jan 2025	Orthopaedic Surgical Review	Mechanical pain improved but persistent right-sided sciatica. Mild L5 sensory loss and ankle dorsiflexion weakness. MRI requested to investigate ongoing symptoms.	Dr Rebecca Chen – Orthopaedic Review (pp. 12–17)
22 Feb 2025	MRI Lumbar Spine	Stable post-operative appearance. Resolution of disc protrusion. Mild epidural fibrosis adjacent to right L5 nerve root and mild residual foraminal narrowing. No recurrent disc prolapse.	MRI Lumbar Spine Report (pp. 4–6)
5 Mar 2025	Orthopaedic Surgical Review	MRI reviewed. No indication for revision surgery. Recommended ongoing physiotherapy, pain specialist review, weight management and functional capacity assessment.	Dr Rebecca Chen – Orthopaedic Review (pp. 18–23)
10 Mar 2025	GP Consultation	Ongoing sciatic pain, disturbed sleep, restricted lumbar movement and inability to return to warehouse duties. Referral for Functional Capacity Evaluation.	GP Records – Dr Sarah Wilson (pp. 30–33)
2 Apr 2025	Functional Capacity Evaluation	Independent in personal care. Suitable for sedentary duties with positional variation. Not capable of heavy manual work or repetitive lifting.	Functional Capacity Evaluation – Karen Lewis OT (pp. 1–12)