**IN THE COURT OF HON’BLE JUDGE SR.DIV.& M.A.C.T AT**

**BHADRAVATHI**

M.V.C. 18/08

PETITIONER : SURESH

V/s.

RESPONDENT : PARAMESHWARAPPA & OTHERS

CHIEF EXAMINATION P.W.2 BY WAY OF AFFIDAVIT

1. Name : Dr. Ramachandra H.M.

2. Father Name : Kamath H.M.

3. Age : 46 yrs.

4. Occupation : Orthopedic Surgeon

5. Address : Madhava Day Care Fracture Surgery

Lower Hutha, Bhadravathi

I am working as Orthopedic Surgeon in Bhadravathi since 1994. Petitioner Mr. Suresh S/o Pandith came to ME ON 30.08.2012 for the assessment of permanent disability. He gave history of Road traffic accident on 15.10.2007, following which he took treatment in Govt.Hospital, Kadur and subsequently Mc.Gann Hospital, Shimoga then, he went for native treatment. As he could not find relief from pain, he went KIMS hospital Hubli where he was admitted. He was operated for malunited fracture of shaft of left femur on 19.03.2010 and 23.04.2010 with interlocking intramedullary nail and bolts. Now he comes with shortening of left lower limb, pain on walking and standing for longtime, inability to sit cross legged, use Indian type Toilet. Also he has difficulty to use right hand.

On physical examination findings corroborated with history and there was a shortening of 5 cms in left leg. His muscles strength in the left hip and knee joints was less than on the right side. His stability scores of left side for walking on plain surface, walking on slope, and standing on both legs, squatting on floor, sitting cross leg and taking turns were less than on the right side. He had mild pain in left leg on active movements.

…………………….2

On physical examination of his right upper limb it was found that his elbow joint had less movement than left elbow. He had less power in the muscle strength; co-ordinated activity scores touching nose with end of extremity eating Indian style, combing, putting on shirt, drinking glass of water, buttoning, tie dhoti was less than on the left side.

X-ray of both lower limb was done with scale and following findings were reported. Left femur has one IM nail with bolts, shows union of fracture of the shaft of femur shortening as measured is in femur and is 5 cms when compared to right side. Malunion of fracture of olecranon was noted in right elbow. Following documents were referred certified copy of discharge card from KIMS Hubli, Guidelines for other disabilities No 16-18/97-NI.http://www.ccdisabilities.nic.in and certified copy of wound certificate issued in Govt Hospital Kadur Dated 16/11/2007

For calculation in lower limb, first mobility loss at hip, knee and foot & ankle was calculated and added. That value was multiplied by 0.3 and was --. Then loss of muscle strength at hip, knee and foot & ankle was calculated and added. The value was multiplied by 0.3 and was --. Out of these value -- being higher was considered a and – was considered b. Both values were combined using combining formula a + (b(90-a)/90) giving a value of – for the total mobility component. Then clinical method was used to calculate loss in the stability component giving a value of --. Out of these mobility and stability loss values, – being higher was considered a and – was considered b. Both values were combined using combining formula a + (b(90-a)/90) giving a value of – for the total loss.

At the end lower limb extra points or additional weightage was calculated and added giving a final value of -.

For calculation in upper limb first the mobility loss in shoulder, elbow and wrist was calculated and added. That value was multiplied by 0.3 and was --. Then loss of muscle strength at shoulder, elbow and wrist was calculated and added. The value was multiplied by 0.3 and was --. Then clinical method was used to calculate loss in the coordinated activities giving a value of --. That value was multiplied by 0.3 and was --. Then summary % losses in divisions of Arm component of Upper Limb were arranged in decreasing order. Combining formula was applied twice to combine these values. In the first step value was and in the second step the value was giving the total impairment in the arm component as . In the next step losses in hand component was assessed by adding the loss in the values for prehension, sensation and strength giving the value as . Of the values for arm and hand components, value of – being higher was considered a and the other value – was considered b. Combining formula was used to get the impairment of both components together as . Extra points or additional weightage for upper limb was added to get a value of which was added to impairment of both components together to get the final value of impairment of – upper limb as .

On the basis of above a disability certificate was issued to the petitioner as he is suffering with permanent disability to the extent of 57.30% for lower limb and 15.96% for upper limb.

In this case the impairment due to injury is more than that could have happened with amputation at that level because of involvement of upper joints.

And I have advised him removal of the implants from left thigh as early as possible, which would cost around 30000/- including hospital stay for 10 days and follow-up in OPD for next 21 days. In my opinion above disabilities are permanent and can not be corrected except for shortening (which on correction will proportionately increase restriction of movement and loss of muscle strength).

I have produced

1. Case sheet of IP treatment pages

2. OPD Notes, examination findings 1 page

3. X rays – nos. and X ray report

4. Score sheet of Assessment of permanent physical impairment in lower limb – 3 pages

5. Score sheet Assessment of permanent physical impairment in upper limb – 4 pages.

6. One disability certificate

I swear to the above contents.

Identified by me:

Advocate

Place: Bhadravathi DEPONENT   
Date: 06.09.2012