EMPLOYMENT TRIBUNALS

Claimant: Mr Sani

Respondents: Imperial College Healthcare NHS Trust

Heard at London Central (by CVP) **On**: 25 February 2025

Before Employment Judge Shukla (sitting alone)

Representation
Claimant In person
Respondent Mr O'Keefe

RESERVED JUDGMENT

1. The claimant was a disabled person on 4 March 2024 ("the relevant date"), by reason of his gastroesophageal reflux disease ("GORD"), chest pain resulting from GORD, and numbness in his left arm.

REASONS FOR JUDGMENT

2. A person has a disability if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day to day activities: s. 6, Equality Act 2010 ("EA"). "Substantial" means more than minor or trivial: s. 212, EA. The effect of an impairment is long-term if it has lasted for at least 12 months, it is likely to last for at least 12 months: Schedule 1, para 1, EA.

3. The claimant has filed a disability impact statement (pages 85-87), which states as follows:

> "I am suffering with so many health issues, gastrointestinal disease, numbness on my left hand, chest and back pain, neck and shoulder pain etc. All those conditions affects/ impact me on a day to day to carry out my activities.
> - Difficulty in getting dressed, putting my socks, shoes (eg because of physical restrictions)
> - Difficulty on preparing a meal/ washing dishes
> - difficulty picking up and carrying objects of moderate weights
> - difficulty in going up and down of steps

- an ability to walk only a short distance without difficulty [eg because of fatigue/ pain]
- difficulty waiting on queuing because of pain, fatigue when standing for prolonged periods.
- extreme tiredness and difficulty sleeping
- difficulty on seating down in one place for prolonged periods
- I cannot shopping without going with someone to help carry them
- I am significantly impact on ability to wash and dress etc."

4. The respondent does not accept that the claimant had a physical impairment at all at the relevant date, but if he did, the respondent says its impact was trivial. The respondent's case is that while the claimant had GORD (or heartburn), and numbness in his left arm (or tingling), the effect on the claimant is not "substantial". The respondent says:

   a. The GORD and chest pain are the same thing – the chest pain arises from the GORD.
   b. It accepts that the claimant had some heartburn up to September 2023, which was the last time he reported it to his GP (as opposed to asking for a fit note extension).
   c. It does not accept the claimant had heartburn after this time, or that if he did, it met the standard required.
   d. In reality, the claimant (who works as a hospital porter) is fearful of undertaking manual handling duties, because he is worried it could lead to a heart attack. This fear arises because a relative of the claimant died of a heart attack. The claimant has an understandable but unreasonable paranoia about cardiac disease.

5. I have annexed to this judgment a chronology of the medical and other evidence. Unless stated otherwise, page references are to the 329-page hearing bundle. The claimant also filed a 29-page supplementary bundle ("SuppB"), and emailed some photos during the hearing. In a letter dated 28 February, 3 days after the hearing, the respondent objected to the admission of the photos sent during the hearing, other than note regarding prescription of Nitrolingual spray in 2022. The respondent says the other material is not relevant, because it post-dated the relevant date. I have admitted these documents on the basis the respondent is not prejudiced by this.

6. There was some discussion during the hearing about the whereabouts of the claimant's occupational health ("OH") report from February 2024. I allowed the claimant to file the report after the hearing, and for the respondent to make submissions about the report, including whether the report should be admitted into evidence. The respondent has objected to the admission of the report, on the basis this evidence prejudices the respondent's ability to challenge the contents by way of cross-examination. I have admitted this report into evidence, in light of the overriding objective, on the basis it is material to the issue at hand, and the respondent has made written submissions on the contents of the report.

Findings of fact

7. I accept the following facts, on the balance of probabilities.

8. The claimant is employed by the respondent as a hospital porter. He has been off work for the bulk of the time between August 2022 to 25 February 2025 (the date of the preliminary hearing). When he did return to work during that period, he did not carry out "heavy" duties (ie manual handling, pushing or pulling). The claimant has had a series of fit notes during this period from his GP, stating that the claimant might be fit for work if he avoided heavy duties. There are OH reports advising against heavy duties during this time: see, eg, OH report dated 1 November 2022 at page 123; OH report dated 22 February 2023 at page 135; OH report dated 20 March 2023 at page 143.

9. The claimant developed chest pains from August 2022 onwards. He had a cardiac scan on 31 October 2022, which did not identify any serious heart or chest conditions. He continued to have chest pains, and was referred for an endoscopy. GP notes dated 17 March 2023 (page 240) state that the claimant "has a burning chest pain now and then", and a fit note from that date refers to "GORD causing chest pain, awaiting endoscopy" (page 140). The endoscopy results were normal (see page 278, 29 August 2023).

10. The claimant is on medication for GORD (omeprazole), and has been since at least 1 August 2023 (see letter from consultant gastroenterologist, dated 1 Aug 2023, page 281). The claimant attended his GP and the Emergency Department for chest pain on 16 September 2023 (page 276). The Emergency Department discharge summary stated "Diagnoses: cervical radiculopathy [pinched nerve], ED – suspected".

11. GP records dated 15 September 2023 referred to numbness of left arm, and stated the claimant had already attended a couple of times for the same reason (page 228). The notes say "numbness and intermittent pain in left arm. No loss of function. . . . Pain is not crushing/ band-like, more of a discomfort."

12. Subsequent medical records refer to neck pain (see page 223, GP records of 13 October 2023; page 220, GP records of 1 Mar 2024).

13. There are medical records after the relevant date which refer to back pain: see, eg:

    a. 21 May 2024 (back pain; limited movement – SuppB, page 3/4).
    b. 8 Aug 2024, SuppB, page 13/14 (chronic pain referral form: new low back pains since mid-May 2024, on background of chronic upper back pains & L shoulder pains. Impact of symptoms of physical functioning (mobility, daily activities, caring responsibilities, work/ education).
    c. 6 Nov 2024 (back pain, SuppB, page 2).
    d. 18 Nov 2024 (back pain, SuppB, page 2).
    e. 19 Dec 2024 (back pain, limited movement, since yesterday has been in extreme pain, [patient] is limping and is struggling to put on his socks; Supp B, page 2/3).
    f. 29 Jan 2025 (long-term history of non-specific back pain; physiotherapist letter, page 298: He has not been able to return to work since March 2024 due to the physical loads being too great for his back, and this is why he has been needing to take time off sick. On examination, all resisted movements were aggravating his back pain.)

14. A case management order dated 5 November 2024 ordered a disability impact statement by 17 December 2024.

Did claimant have physical or mental impairment on 4 March 2024?

15. I accept that the claimant had a physical impairment on 4 March 2024, namely GORD causing chest pain. The claimant was diagnosed with GORD causing chest pain by 17 March 2023 (see page 140). I also accept the claimant's evidence that the chest pain began in August 2022, has continued after the relevant date, and that the claimant remains on medication for it. The respondent relied on a GP discussion on 11 September 2023 about lifestyle and diet (page 229). However, that discussion is not evidence that any lifestyle changes made by the claimant removed the impairment. The chest pains are evidenced by the claimant's visit to the Emergency Department on 16 September 2023 (page 276), and his consistent evidence on this point to the Tribunal.

16. I accept the claimant had numbness in his left arm, and that this constituted a physical impairment (numbness and intermittent pain/ discomfort) at the relevant date. The GP records dated 15 September 2023 (page 228) state the claimant had already attended a couple of times for this reason. I accept that this numbness continued until 4 March 2024, because of the constant references to this condition in the GP records and fit notes. The respondent suggested that the GPs were "humouring" the claimant, and in particular relied on one entry on 19 April 2023 (page 237) – "I can't work out why [patient] cannot do more than 3 days at work". However, there is no clear statement by the GP that the patient did *not* have these conditions, and the GPs continued to issue fit notes before and after the relevant date, including in relation to numbness of the arm.

Was there a substantial and long-term adverse effect on normal day to day activities?

17. The claimant set out the impact on his day to day activities in his disability impact assessment. At the hearing, he said that he has continuous chest pain, and that while medication helps, he still has pain. He also said that:
    a. It is connected with his arms, and he finds it hard to dress.
    b. If he tries to lift something heavy, the pain goes through to his lower back and ribs.
    c. His arm is numb all the time, and he cannot use the left arm to lift anything heavy.

18. The respondent submitted that the claimant was not a credible witness, and that the claimant had been seeking extensions of his fit notes without any medical basis. The respondent in particular submitted the following:
    a. The GPs notes on 19 April 2023 (page 237) that they "can't work out why [patient] cannot do more than 3 days at work".
    b. The claimant had wrongly suggested to the gastroenterologist consultant that he was undergoing cardiological investigation, whereas the claimant in fact was awaiting an endoscopy in relation to GORD (see letter dated 1 August 2023 (page 281).
    c. The only time a GP had advised the claimant to avoid strenuous activities was before the results of his cardiac scan were known.

d. There was no mention in GP records around the relevant date of difficulties with basic daily tasks, fatigue, shopping etc: eg records of 13 December 2023, page 223.

19. The respondent suggested that any difficulties in daily tasks set out by the claimant in his disability impact assessment were caused by musculoskeletal issues, and not due to chest pains or heart burn.

20. The claimant said that the GPs did advise him to avoid heavy duties during this period, and his GP and physiotherapist were aware of the impact of the impairments on him.

21. I accept that, at the time the claimant sent the disability impact assessment (around November/ December 2024), he had difficulties with mobility, such as putting on his socks. I find that at least some of his mobility difficulties are likely to have been caused by back problems, rather than his GORD, chest pain, or numbness in his arm. I base this finding on the claimant's medical records dated 8 August 2024 (SuppB, page 13/14), and 19 December 2024 (SuppB, page 2 – back pain, limited movement, patient struggling to put on his socks). This finding is supported by the disability impact statement itself, which refers to back and neck pain. However, the issue I have been asked to decide is whether the claimant had a disability on the relevant date by reason of GORD, chest pain, or arm numbness.

22. I accept that the claimant suffered from chest pain caused by GORD at the relevant date, and that this was made worse by lifting. His evidence has been consistent that this is a "burning" and "exertional" chest pain. I accept that, at least on one occasion, as set out above, the pain led him to seek advice at the Emergency Department. I accept that the effect of this impairment was not minor or trivial, even when considered by itself; and that the effect was worsened when combined with the numbness in his left arm. I accept that this chest pain made it difficult for him to lift even moderate weights, walk, and to go up and down steps. Accordingly, I find the impairment had a substantial adverse effect on the claimant's ability to carry out normal day to day activities.

23. Finally, I accept that, at the relevant date GORD (and resulting chest pains) had been continuing for more than 12 months, because they had started in August 2022. I also accept that the effects of the numb arm (at the relevant date) were likely to last for at least 12 months. At the relevant date, the claimant's GPs had added this condition to the claimant's fit notes for around 6 months, and I find that (at the relevant date) they were likely to continue for at least another 6 months.

Employment Judge Shukla
24 March 2025

JUDGMENT AND REASONS SENT TO THE PARTIES ON
9 April 2025

FOR THE TRIBUNALS

ANNEX

Date	Document	Information and submissions
7 Oct 2022	OH referral form (p 114)	C referred for E Coli, gastro enteritis, and chest pain Form records that the claimant said he has been having chest pains since 25 August 2022. His current sick note is ending on 10 October (from 25 August 2022) and he is scheduled to have a CT scan in 2 to 3 weeks' time. The form describes the chest pain as "medically certified" (page 116).
31 Oct 2022		Cardiac scan
1 November 2022	OH letter, following phone consultation (page 123)	Letter records that the claimant "tells me has been currently off work since 25.8.22 due to chest pain. Initial investigations were carried out by his GP and he was referred to cardiology. He tells me that he had a cardiac scan yesterday and will be reviewed again by the cardiologist once the results are available. [The claimant] informs me he still has continual chest pain and that the Drs have advised him to rest and avoid any strenuous activity until the results of his scan are known. From my assessment and based on the information provided to me today I would advise that [the claimant] remains unfit for work for the time being. In my opinion [the claimant] is likely to remain off work for at least the next 3-4 weeks until his diagnosis and treatment plan, if required, is known following his test results and cardiology review. Please re-refer [the claimant] to us once this information is now so that we can advise further.
31 Jan 2023	OH referral, page 125	For E Coli, gastroenteritis and chest pain. He had CT scan done on the 31st of October and he was told that's no health issues found in the scan but they going to investigate further. He was referred to endoscopy procedure and [the claimant] is still awaiting for the date.

22 Feb 2023	OH letter, p 135, following phone consultation	I understand he has been off sick since August 2022 due to chest pain. He has been investigated and it seems his investigations did not show a serious heart or chest condition. He is due to have endoscopy soon but no appointment has yet been given. At present continues to have some symptoms related to his condition. Following my assessment and the information available to me today I advise that he's fit to return to work in early March 2023. He should carry out 50% of his working hours for the first week and 75% for further week and returned to full hours afterwards. He should avoid heavy lifting, pulling and pushing for at six weeks from the date of return to work.
6 and 10 March 2023	GP records page 244/5	History of reflux, on PPI, awaiting endoscopy. Has worried might be something cardiac as his [relative] had diarrhoea and vomiting before dying from a cardiac arrest. Advised unlikely cardiac, suspect GI
13 Mar 2023	GP records, page 242 Fit note at page 294	2 years of L sided back pain, worse when standing Says not fit for work, awaiting further investigations.
15 Mar 2023	Fit note, page 293	Fit note, light duties (15 Mar 2023 to 2 Apr 2023). Low back pain awaiting hospital apt
17 Mar 2023	Fit note, page 140 (from 17 March 2023 to 24 March 2023) GP notes at page 240	GORD causing chest pain, awaiting endoscopy Claimant may benefit from altered hours and amended (light) duties. [The claimant] called again today has received fit for work note but is stating information is wrong, he wants a telephone call with GP so he can ensure correct information is input on fit note. Klinik request below state it's to do with chest problems saw Moines on 27/01/23 and DR stated would need fit for work with light duties due to chest problems as awaiting endoscopy.

		Chest symptoms have been going on for 7 months. He has a burning chest pain now and then.
21 Mar 2023	GP notes, page 239 Fit note, page 291	patient received his medical certificate and says he only wanted three weeks signed off not two months and he wanted added to reason awaiting further investigations like the last one said dated 22. 2.23. Advised not fit to work (9 Mar 2023 to 30 Mar 2023)
28 Mar 2023	OH report, page 143	Following telephone consultation I understand he has been off sick since August 2022 due to chest pain. He has been investigated and it seems his investigations did not show a serious heart or chest condition. He is due to have an endoscopy soon but no appointment is yet to be given. At present he continues to have some symptoms related to his condition. I advise that he's fit to return to work. He should carry out three days per week for the next 4 weeks. He would like to continue working three days per week (30 hours per week) until his investigations are over. I informed him reduction of hours on long term is managerial decision. He should avoid heavy lifting pulling and pushing during this.
31 Mar 2023	Fit note, page 290	Advised not fit to work (31 Mar 2023 to 14 Apr 2023).
14 Apr 2023	Fit note, page 289	Advised not fit for work (14 Apr 2023 to 5 May 2023)
19 Apr 2023	Fit note, page 237	Fit note extended (19 Apr 2023 to 31 May 2023). Problem: GORD Fit Note Document (Diagnosis: GORD, duration 19 April 2023 – 31 May 2023. “I can’t work out why [patient] cannot do more than 3 days at work.”
19 May 2023	Fit note, page 287	Fit note from 5 May 2023 to 14 May 2023 (GORD), advised not fit to work.
30 May 2023	OH referral form, page 147	[The claimant] has returned back to work on the 8th of May 2023 after long term sickness and was placed on amended light duty on 22.5 hours [03 days a week] for the period of four weeks as

		advised by Occupational Health. As his review period is coming to the end on the 1st of June 2023, [the claimant] agreed for me to refer him again to Occupational Health to review his health before he resumes full duty as a porter. He was referred for endoscopic procedure and [the claimant] still waiting for the date. In my discussion with [the claimant], according to his GP, [the claimant] is in the long waiting list for his endoscopy appointment and this might take several months before he can be seen. Please advise if [the claimant] would be fit to carry out his duty as a Porter with his current health condition or any job adjustment is needed.
13 June 2023	Fit note, page 155 (up to 13 December 2023). GP records at page 232	Because of GORD, claimant may be fit to work if does light duties, with no pushing, pulling or lifting, to work only 3 days a week, awaiting further investigations.
1 Aug 2023	Letter from consultant gastroenterologist, page 281	There appears to be some confusion over the reason for his referral. The patient believed it to be an appointment to such that I could request an upper GI endoscopy to investigate possible gastroenteritis intestinal causes of an exertional burning chest painful. I understand that he's currently undergoing cardiological investigation, but the differential includes reflex dyspepsia. Interestingly, symptoms have improved with Omeprazole. States claimant is under investigation by the cardiology team for intermittent exertional burning chest pain and shortness of breath.
29 Aug 2023	OGD [endoscopy] test results, page 278	Results normal. Aim to reduce omeprazole from 40mg to 20mgt OD in the first instance and aim to stop if possible as guide by symptoms. Lifestyle advice which can help improve symptoms. Indication: dyspepsia [indigestion]
11 Sept 2023	GP records, page 229	Attended to discuss recent endoscopy. Has been having heartburn. Still having symptoms – currently

		on omeprazole 20mg. Long discussion re diet and lifestyle. Advised can add Gaviscon nightly and after meals and r/v in 6 weeks, with lifestyle changes.
15 Sept 2023	GP records, page 228	Numbness of left arm. [Patient] has already attended couple of times for the same reason. Advised if concerned [patient could] go to A&E for a review. Numbness and intermittent pain in left arm. No loss of function, association with CP which is intermittent and has been ongoing for a few weeks. Pain is not crushing/band-like, more of a discomfort. Has been treated as GORD and with neuropathic medication Has already been investigated for cardiac symptoms – was referred to cardiology last year and had CT angiogram which was normal however symptoms persisting.
16 Sept 2023	GP records, page 219 Emergency Department discharge summary at page 276	Chest pain Attendance for chest pain Diagnoses: cervical radiculopathy [pinched nerve], ED - suspected
29 Sept 2023	GP records, page 225	[Patient] already has FIT note but condition has changed. Pain in back going to left arm causing numbness, chest pain also. This needs to be added to FIT note. Patient cannot push/pull or lifting.
2 Oct 2023	Fit note (from 29 Sept 2023 to 13 Dec 2023), page 157	Because of GORD, numbness of upper limb, chest pain, claimant may benefit from not lifting heavy objects, pulling or pushing heavy objects. [GP records are at page 224].
13 Oct 2023	GP records, page 223	Approx 6 week history of pain in L side of neck; intermittent numbness in L arm. Has been seen for this and went to A&E for further ix and assessment. Diagnosed nerve related issue – trapped nerve.

		[Patient] has been prescribed Amitriptyline – still; experiencing symptoms. Affecting certain fingers intermittently. Told to attend GP for potential physio.
	Physiotherapy referral at page 266	– L side neck pain, causing numbness in L hand intermittently for 6 weeks. Described as moderate (page 267).
13 Dec 2023	GP records, page 223 [Fit note extended to 13 Feb 2024] Fit note at page 265	Would like to extend FIT note which expires today. Works as a porter and cannot lift heavy weights due to chest pains and reflux still ongoing. Would like to continue working with amended duties for another 2 months lease. He is currently having physiotherapy.
8 Jan 2024	OH referral, page 159	[The claimant] has returned to work on the 8 of January 2024 after being off sick from the 29 of September 2023. The claimant went off sick after a period of redeployment for one month. The redeployment of the claimant could not be extended and the claimant was requested to return to full portering duties. He refused and provided a sick note for GORD, upper limb numbness, and chest pains. On 13 December 2023, [the claimant] provided a fit note stating fit for work on amended duties - with no heavy pushing, pulling or lifting All recommendations ie amendment of duties and reduction of hours, with specific date chosen by him to work were accommodated as best as we could. Unfortunately, this impacted the service to the department and could not be sustained. Additionally, each time an episode of sickness ends, [the claimant] presents with new symptoms, which requires further tests in the settlements from his doctors, and he refuses to carry out full portering duties, until all tests are carried out and concluded. From the 13th of June 2023 all sick notes that were submitted stated that “[the claimant] may be fit for work taking account of the following advice: light duties - no pushing or pulling or lifting. To work

		only three days a week, whilst awaiting investigations." The claimant had his endoscopy investigation on the 29 August 2023 and the result showed no issues. Even though stipulated in all correspondence with the claimant that amended duties / Redeployment would only be for a one month period, the claimant always refuses to come back to work to fulfil the full scope of portering duties. Additionally [the claimant] had stated that he would return to full portering duties after all tests are concluded; but this was not the case. An example of this - following his endoscopy investigation on 29 August 2023, he insisted on returning to work on the fit note highlighted above. [The claimant] was subsequently redeployed for one month.
13 Feb 2024	GP records, page 221-2,	Not happy when told I was going to deal with one problem and not the three issues he was coming in with.
15 Feb 2024	GP records, page 221 (FIT note to 13 Feb 2024 - 15 Apri 2024); and FIT Note at page 168	GORD, numbness of arm, chest pain Fit note says claimant may benefit from no heavy lifting, no pushing, or pulling heavy objects. Records state "I am still with physiotherapy and they need to be seen again in 6 to 8 weeks. I am taking medications, and I am still too with numbness on my left hand, including symptoms of chest pain, [GORD] etc.
22 Feb 2024	OH report	Following telephone consultation. The claimant confirmed that he had episodes of sickness absence, and they were for Gastroesophageal reflux disease, upper limb numbness and chest pains. He informed me that he has had various investigations for Gastroesophageal reflux disease and chest pain and has been placed on various medications. He stated that his GP has referred him to the physiotherapist for his upper limb numbness. He further stated that he is currently having physiotherapy sessions. During the assessment today, he stated that he cannot engage in heavy lifting due to his

		condition, and his GP has advised that he only does light duties. He stated that he had a GP review on 13/02/2024 and was advised to continue with lighter duties as he is still experiencing symptoms. 4. Will temporary or permanent adjustments to duties/days/hours be required? I advise that he continues doing lighter duties as his GP has advised. You can review this in the future. 5. Is the condition caused or made worse by work? He stated that Manual handling can make his condition worse 6. Is the condition likely to impact on attendance in the future? There may be flare-ups that may impact on his attendance in the future,
1 Mar 2024	GP records, page 220	Neck and shoulder pain, and pins and needles in left hand 3 fingers since last year mid-August. Also pain in left side of front of chest while lifting things. Has seen cardiologist, has had OGD, being treated for reflux symptoms. But unable to continue heavy duties as [a hospital] porter. Examination: reduced abduction left shoulder, reduced Rom left side of neck; slightly reduced power left hand mainly in making a grip. Has had 2 sessions with physio, not much difference.
15 Apr 2024	Fit note, page 169 (15 April 2024 to 15 July 2024)	Previous fit note extended
21 May 2024	GP notes, SuppB, page 3/4 Physio referral, SuppB, page 5	Back pain, limited movement. Bilateral lumbar pain
15 July 2024	Fit note , page 170 (15 July 2024 to 2 Sept 2024)	Previous fit note extended.
6 Aug 2024	Physio discharge report, SuppB, page 8	Treated with mechanical left neck pain with nerve irritation. No red flag.

8 Aug 2024	Chronic pain referral, SuppB, page 13	Spinal surgical opinion, and 'bilateral'. New low back pains since mid-May 2024, on background of chronic upper back pains & L shoulder pains. Has been having Physio for low back pains since May 2024, and pains are no better despite course of Physio. Physio has advised Ortho ref now, for MRI scan. Hence, for MRI L-spine please. lmpact of symptoms of physical functioning (Mobility, daily activities, caring responsibilities, work / education) Reduced mobility and ability to do ADLs. lmpact of symptoms on mood Causing stress & low mood.
12 Aug 2024	GP notes, SuppB, page 3 Orthopaedic MSK Triage report, SuppB, page 11/12	Low back pain pC/HpC: December 2023 gradual onset, pain with bending since in lumbar spine No LL Pain, P+N or numbness, no night pain. Ongoing pain with heavy lifting Special Questions: bladder/bowel/ saddle sensation/sexual function/ataxia/balance/grip/dexterity – all fine (longstanding L hand weakness, no change)
4 Sept 2024	Fit note, page 171 GP records, SuppB, page 3	Previous fit note extended, this also refers to lower back pain (to 4 Nov 2024) GORD, numbness to arm, lower back pain and chest pain.
1 Nov 2024	Fit note, page 172	Previous fit note extended to 1 Feb 2025, advises light duties
6 Nov 2024	GP notes, SuppB, page 2	Back pain
18 Nov 2024	GP notes, SuppB, page 2	Back pain, difficulty walking
4 Dec 2024	MRI scan, page 296	Low back pain with intermittent incomplete emptying of bladder L5/S1, small central disc bulge with annular tear extending into the exit foramen, may be mildly pinching the exiting right L5 nerve root.
17 Dec 2024	Date for filing Disability Impact Statement	

19 Dec 2024	GP records SuppB, page 2	Back pain, limited movement, since yesterday has been in extreme pain, [patient] is limping and is struggling to put on his socks. Walked slowly, with a bent back
10Jan 2025	GP records, SuppB, page 1 Letter about low back pain, SuppB, page 23	Low back pain, pins and needles in legs. He describes long history of low back pain. He can also have intermittent tiredness and pins-and-needles in his legs but not in a specific distribution. On assessment lumbar movements are limited by half in all ranges. Straight leg raises normal. There is no motor deficit in the legs but reported altered sensation in bilateral big toes. Reflexes are normal. Braima had a lumbar MRI which shows foraminal narrowing at most levels. Braima's primary symptom is the low back pain. His lower limbs symptoms is not specific to any nerve root compromise
29 Jan 2025	Letter from physiotherapist, page 298	This 48yr old gentleman is living with a long-term history of non-specific back pain. He has a history of right knee injuries without any rehab and there is lower limb weakness which could be contributing to his problem. There is no trauma or neurological symptoms at play. Due to his historical knee injuries, he is likely over-working his back and we need to focus on training his legs to help improve. He has not been able to return to work since March 2024 due to the physical loads being too great for his back, and this is why he has been needing to take time off sick. On examination, all resisted movements were aggravating his back pain. His recent MRI scan shows: L5/S1 small central disc bulge and annular tear mildly pinching right L5 nerve root. This could explain the ongoing nature of his pains. He has been referred to pain management and currently under their care.

		I have advised him to consider further management if there is no improvement under their team and to undertake light work if returning to manual labour tasks. In the meantime, we have regressed his exercises to bodyweight movements to allow him to recover gradually. Period of care: Neck pain referral: February – July 2024 Low back pain referral: August 2024 – Present.