



MR NO: SMR / 09467 / 2022 [LAWYERS]
REQUEST NO: 202215018

23th August 2022

SPECIALIST MEDICAL REPORT FOR GALVIN NG CHEN KIAT (S9330251F)

The above-mentioned gentleman was involved in a traffic road accident on 17 February 2022. He was a motorcyclist, who was hit by a car on right side. He sustained superficial abrasions over left shoulder, left hip, left knee, left foot, right shin and right foot. He presented at the Department of Accident and Emergency in Singapore General Hospital (SGH) on 17 February 2022. The radiographs of the limbs showed no obvious acute fracture or dislocation. He was subsequently admitted in the Department of General Surgery, and discharged stable on 18 February 2022.

He first presented at SGH Orthopaedic Specialist Clinic on 05 April 2022, complaining of right ankle pain. On examination, there was tenderness over areas of right anterior talofibular ligament (ATFL) and peroneal tendons. Anterior drawer test of right ankle showed slight laxity. He was sent for magnetic resonance imaging (MRI) of right ankle/foot for further evaluation.

The MRI was performed on 13 May 2022 and showed:

- 1.Evidence of previous high-ankle sprain with partial tear of the anterior inferior tibiofibular ligament and scarring of the interosseous membrane. Posterior inferior tibiofibular ligament sprain.
- 2.ATFL complete tear which attaches to avulsed bony fragment. Posterior talofibular ligament, calcaneofibular ligament sprains.
- 3.Peroneal brevis tendinosis.
- 4.Subacute/chronic non-union navicular fracture.
- 5.Old avulsion fracture adjacent to medial malleolus with chronic sprain of spring ligament
- 6.Early degenerative changes at the posterior subtalar joint.

During his last visit on 18 July 2022, the findings of MRI of right ankle/foot was explained to the patient. With regard to the management, the options of conservative treatment and surgical treatment were discussed with the patient, and he was keen to try conservative treatment. Therefore, he was advised to modify his physical activities and sent for physiotherapy. And he was scheduled for another review in three months.

His right ATFL complete tear is permanent, and he may experience right ankle pain and/or instability in the long run. It may affect his daily life and work.



There is no restriction to the mobility and range of movement of right ankle.

He may require surgical intervention if conservative treatments fail. Please refer to the memorandum from business office for estimated cost.

Based on the latest edition of the "Guide to the Assessment of Traumatic Injuries and Occupational Disease for Work Injury Compensation", I recommend a total of 5% permanent incapacity award for his injuries.

| Site or Organ | Findings | % Incapacity |
|---------------|---|--------------|
| right ankle | mild ligamentous instability (ATFL complete tear) | 3% |
| right foot | talonavicular fracture undisplaced | 2% |

Thank you

Dr Xia Zhan
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