

## **WRITTEN SUBMISSION**

Mrs Michelle Fightback

National Insurance Number:JBXXXXXX  
Tribunal Reference Number: SC047/14/00772

This submission has been prepared based on the evidence and instructions provided by Mrs Fightback in respect of her Personal Independence Allowance Appeal.

### **Summary:**

Mrs Fightback suffers from hypermobility syndrome, fibromyalgia and chronic fatigue syndrome with chronic widespread pain/exhaustion. She has extensive back pain from sciatica, lumbar lordosis and she suffers from crushed discs in her lower back and neuropathic pain from spinal nerve impingement. She also suffers from regular panic attacks, anxiety and depression, which are increased by social phobia and anxiety attacks. She is in constant widespread pain, which affects her manual dexterity and mobility. Not only is she dealing with the pain all of the time, but she also finds that any exertion of any kind wipes her out afterwards.

Many of these conditions were ignored at the assessment and during the decision making process. She is looked after by her husband and spends many full days in bed because of the chronic pain and fatigue she suffers on a daily basis and lack of motivation. She has regular depressive moods and secondary agoraphobia with OCD symptoms, as confirmed by her psychiatrist (pg.112) and she becomes very tearful regularly and suffers panic attacks.

### **Facts of the case:**

Mrs Fightback has some history of mental health team/CBT input along with a long list of other specialist care.

It is submitted that Mrs Barrow has difficulties with:

## **Preparing Food:**

She 'cannot prepare and cook food'. She is unable to do this because of fatigue and pain/weakness in her hands and problems with her grip, and the hypermobility syndrome and her other conditions aggravate this further, making it hazardous for her to be around hot pans/sharp objects or to lift things and she also has problems standing. She could not make a meal to an acceptable standard, within a reasonable timescale, and would not be able to repeat the activity due to fatigue. Furthermore she cannot grip well enough most of the time. She also lacks motivation to cook, and has an extremely poor memory. This is not improved with the use of an aid such as a perching stool.

## **Taking nutrition:**

She needs prompting to be able to take nutrition. She has a fear of choking and a painful jaw, making food her enemy and the IBS and reflux aggravates this further and all food needs to be placed in front of her as motivation for her to eat and has to be already cut up as pressure on her hands causes further joint pain.

## **Washing and bathing:**

She has great difficulty with washing, and because of the double incontinence some days she needs to do this frequently, often to the point where she is unable to as her back restricts her movements as does pain, dizziness and fatigue. She needs her husband to help her to make sure she is safe getting in and out and needs help washing her hair and lower body and drying her.

## **Dressing and undressing:**

She needs assistance to be able to dress or undress her lower body. Her fingers/arms/back are painful on movement and dressing/bending causing much pain even with assistance, she therefore avoids it and needs motivating.

**Toileting:**

She has occasional bladder problems causing excessive urinating/urgency, (up to 30 times a day.) She also suffers from IBS which causes her to have regular bowel incontinent episodes caused by explosive diarrhoea. She wears pads all the time and needs help sometimes getting to and from the toilet and changing her clothes at night time and first thing in the morning when her body is at its stiffest.

**Communications and mixing with others:**

Mrs Fightback was given no points for engaging with other people face to face. However she is unable to leave her home at all without being accompanied. She cannot cope with other people and has become very self-conscious, anxious and ultimately more depressed. On the form she did not understand the question fully but said she had anxiety and trouble mixing with others.

**Going out:**

She has extreme anxiety and has suffered from panic attacks for years, she is also very fearful of being in public which is exasperated by the nausea she feels from the panic attacks themselves. She needs plenty of motivation to go out, and that motivation has to continue throughout the journey.

The HP has stated that she was observed to do a series of movements unaided, namely gesture to visitor, play with her hair and took a sip of a drink. We submit that these range of movements, bare not resemblance on the descriptors to PIP, nor do they look at the fact that she cannot do them reliably and repeatedly.

The HCP has used this snapshot to form a picture of her upper body movements and gripping difficulties. The HCP has not taken into account the effect of fatigue after such exertion, nor her ability to do this action repeatedly. Following any exertion like this she would have to rest before she can attempt to carry out any other

activity at all.

### **Mobility:**

It is submitted that the Appellant cannot walk more than 20m in a reasonable time, and safely, and uses a stick when outdoors. This causes upper arm pain, she also has many stumbling episodes and falls due to weakness in her right leg, and because of the nerve impingement in her spine she misjudges her footing often when lifting her leg up, causing her to be very unsteady when attempting to walk. Severe anxiety further impedes her walking ability.

### **Evidence:**

The Appellant submits medical evidence in support of her appeal in the form of:

A letter from her psychiatrist dated 11/10/14

Online shopping receipts illustrating a history of weekly online shopping, contrary to the HCP report that she walked 250 metres around a supermarket regularly. (page x)

A letter from her consultant rheumatologist dated 26/09/15, confirming multilevel disc degeneration and mild degenerative change in the spine following MRI and furthermore confirming a disc bulge and bilateral facet joint arthritis at L5-S1

Patient summary notes pages (pg x)

In-depth account from Mrs Fightback, on where she disagrees with the HCP report and why. (Pg. x)

Day in the life diary page x

Recent radiology report page x

She also submits her complaint response from Capita in relation to a written complaint she wrote to them following receipt of the HCP report.

Other medical letters illustrating a history of illness and specialist input. Please note that this illustrates a long history of conditions and Mrs Fightback has been under her GP since as she has exhausted all forms of treatment.

**Conclusion:**

The Appellant submits that she has a severe phobia about medication and the harms it can do, this is following her mother's death from overdosing on painkillers, and this adds to her panic, because of this condition, she is petrified of medication, and this fear prevents her from taking standard painkillers etc. Therefore she is on limited medication and also has had severe side effects in the past from many.

She would also like the court to consider that most of the evidence considered by the decision maker rested on what was said by her during the assessment, however she strongly denies much of the information that was allegedly said, as submitted in her letter. She submits that the HCP has clearly failed to record vital and pertinent information in relation to her health problems and has clearly by omission, misled the decision maker, who has made a decision on the basis of the report, and she requests that the evidence given, supported by the medical evidence submitted is given more weight when considering her entitlement to PIP.

She would also like it noting that the health care professional did not appear to have any medical qualifications and therefore no specialist knowledge of the mental health problems or complex conditions she suffers from. She therefore requests that her oral evidence, along with her medical evidence is given great evidential weight than the HCP report.

Digitally signed by Mrs Fightback