

Physiotherapist Setback

Summary for Dr Sevenoaks

https://nickrayball.com/14.47 Part-6 Chapter-6 The-Straw-that-Broke-the-Camels-Back Summary-for-Dr-Sevenoaks (Dec 8 2022).pdf

By Nick Ray Ball – 8th December 2022

To make a summary of the summary, I have copied out only the words in large font in the summary below, for context read the complete summary below.

The complete chapter needs work and I do not have time to complete it today.

Summary of the Summary for Dr Sevenoaks

Dear Dr Sevenoaks,

I am very grateful for the appointment you made, but per our previous discussions, physiotherapists in private practice clearly say they are not trained for back problems

In 2012 I was in 3 weeks of absolute unstopping agony, before finally speaking to a specialist doctor at your surgery who said I had an old man's back, then after an MRI scan Surgeon, Burgoyne said I had a slipped disk, indeed he said "you have two slipped discs," his words, not mine. Burgoyne recommended injecting steroids into my back, but later Burgoyne suggested I may need an operation, but thank God the last injection worked.

But since 2016 the problem returned. Until 2020 when I finally found a core exercise that worked. This ended in August 2022 and my mobility was limited to a mile. Having known the back injury and having dealt with it for 17 years there was no doubt in my mind that it was the same problem. But curiously after three weeks of rest, my range was still one mile, then disastrously a few weeks later, I further aggravated the back injury,

It may just be possible that I have in some way damaged my hip, but the sciatic pain in my thigh, the pins and needles in both buttocks, and the freezing-cold feet suggest that as before and since 2005 the problem is my back.

The rest you know, my mobility got progressively worse until my mobility was down to 200m and I was in a lot of pain and required a lot of Ibuprofen, I cannot shop or do any exercise. I am immobile. I had already waited 4 months for an appointment that would have been 6 months if not for your intervention last week. I took directions from the Old Cottage reception Epsom to go to Borne Hall, not Borne Hall Medical Centre. By the time I had found it and walked the stairs I fell to the ground and had to lie on the dirty floor outside their reception for 2 minutes to recover.

1. I was seen by a young and inexperienced physiotherapist,

We have before talked about the stupidity of having physiotherapists as NHS's first point of contact for back problems, but you said it was not your call and was NHS



policy, and for that reason, I have copied The Rt Hon Steve Barclay MP Secretary of State for Health and Social Care at stephen.barclay.mp@parliament.uk on this email and will copy him on all future emails.

2. I thought at least a physiotherapist would be able to advise on pharmaceutical advice for backs. But when asked to confirm advice given by a senior medical administrator; to use Ibuprofen, not Paracetamol?

The physiotherapist replied: 'The question is 'out of her scope of experience.'

a. But my simplest research after – a Google search for back problems first offered the NHS page, which, in big letters very near the top of the page, said:

Point 2: https://www.nhs.uk/conditions/back-pain

Do - Take anti-inflammatory medicine like <u>ibuprofen</u> – paracetamol on its own is not recommended for back pain but it may be used with another painkiller

3. Later the physiotherapist said:

"Backs are incredibly bendy and flexible, women carry babies often and never get back pain!"

a. Whereas, again on the NHS's very own website,
 https://www.nhs.uk/pregnancy/related conditions/common-symptoms/back-pain

 The exact opposite is clearly and undeniably stated:

Back pain in pregnancy It is very common to get backache or back pain during pregnancy, especially in the early stages.

- 4. Recommend that I work less.
 - a. This may be good advice, but Google searches have not supported this advice, the only advice I have found about work and lack of mobility was that lack of work can cause it.
- 5. The Physiotherapist did the standard exercises you see on TV, and a weird one where I was asked to strip and if our roles were reversed (and gender and age) would seem highly questionable. But no exercises at all that are relevant to chiropractors. Or any specialist in back problems, or even basic core exercises like Pilates.

If I do say so myself despite my 51 years of age, due to my instance physical, core and balance training from late 2019 to August 2022, I look very fit, and I have perfect balance. And I can sit for up to half an hour without discomfort.

But after sitting the pain comes, and if I were to walk for 200m and then do the same tests, I would not be able to stand at all, let alone do balance tests. I would be exactly as the physiotherapists first found me, laying on a dirty floor after too much walking and a small flight of stairs had crippled me.

6. Treated my self-diagnosis with laughter as I used the language Surgeon Burgoyne had given to me 'you don't have a pinched nerve, you have a slipped disk, in fact, you have two.'

Saying words similar to 'there is no actual thing called a slipped disc.'

7. Her only advice, other than to not work as hard, was to try and walk an extra fifty meters each day

The very act of walking caused such pain that it disrupts my day, mood, and attempts to give up smoking which Surgeon Burgoyne said was the one major problem I could fix that would help my back.

Because of the above and my 17 years of experience with back problems, I am very sceptical of the physiotherapist's advice to push into the pain, more and more each day.

8. In private health, the gatekeeper is a salesperson, and your biggest concern is that you don't need attention - to spend money on an unnecessary operation.

Whereas in The NHS the reverse is true.

END of Summary of the Summary



By Nick Ray Ball – 8th December 2022

Summary for Dr Sevenoaks,

Dear Dr Sevenoaks,

This is a summary of the thirty pages so far (9,777 words) I was forced to write (on top of the twenty pages I sent you last week about the 20 concurrent medical conditions) in research on physiotherapy and back problems since the appointment on Monday with the physiotherapist, who ironically gave the advice. **Work less**

I am very grateful for the appointment you made, but per our previous discussions, <u>physiotherapists in private practice clearly say they are not trained for back problems</u> and my experience with physiotherapists at Old cottage was that they did no good and I was forced to spend a lot of money of chiropractors before my back went in 2012 I was in 3 weeks of absolute unstopping agony (pain level 10 for 3 weeks) that you yourself witnesses at my parents' home.

Before finally speaking to a specialist doctor at your surgery who after an x-ray said I had an old man's back, then;

After an MRI scan Surgeon, Burgoyne said I had a slipped disk, indeed he said "you have two slipped discs," his words, not mine.

In consultation surgeon, Burgoyne warned that surgery itself could leave me in a wheelchair, and suggested the injection of steroids into or near the spine, and I agreed.

We went through two or three such procedures then one day as I was attempting to walk the 400m to the shop, I was taking the appropriate rest gap which just happened to be by Epsom Hospitals car park entrance **and Burgoyne**, quite by chance, saw me there and was very concerned and said that my recovery was not as expected and **suggested I may need an operation**, and also commented that he wished he had not said that could cause me to end up in a wheelchair and that was quite rare.

In the next consultation, we agreed to try the injection one more time and thank God it worked, and indeed by 2015, I was well enough to get on a plane and go to South Africa for much-needed business.

But since 2017 the problem returned, but not as severe, and I was able to walk about 10 miles a day on average, but do no other more rigorous, exercise. Until 2020 when I finally found a core exercise that worked and after that, I become extremely fit. Indeed, the fittest I've been in my life. And all the people on Epsom common would say, wow you're the fittest of us all.

This ended in August 2022 a few days after I lowered the Seroquel and become un-constipated, and my mobility was limited to a mile. Having known the back injury and having dealt with it for 17 years there was no doubt in my mind that it was the same problem.

But a few days later I got appendicitis, but curiously after appendicitis and after three weeks of



rest, my range was still one mile, then disastrously a few weeks later, creeping down the stairs at 4 am, I further aggravated the back injury, and calling on the experience with surgeon Burgoyne I assumed that like before some 'stuff' had slipped out of my 5th lumber and in some way a nerve was aggravated, to use his language that I guess was for laymen I had again slipped a disc again.

It may just be possible that I have in some way damaged my hip, but the sciatic pain in my thigh, the pins and needles in both buttocks, and the freezing cold feet – (so much so two pairs of thick socks, slipper socks, and two duvets, still need a hot water bottle to warm the tingly feet all day from midday and especially in the evenings.) suggest that as before and since 2005 the problem is my back.

The rest you know, my mobility got progressively worse until I was down to 200m and I was in a lot of pain and required a lot of Ibuprofen, I cannot shop or do any exercise. I am immobile.

I had already waited 4 months for an appointment that would have been 6 months if not for your intervention last week after what looks to be an admin error as the case was marked non-urgent, and no 'expedite' letter was sent.

We then spoke, and you asked your staff to subvert the standard protocol to get me an appointment straight away. Indeed after that conversation, I changed the name of the chapter in my book/screenplay (www.MisdiagnosedTheMovie.com) to The Magnificent Sevenoaks (albeit spelt 7Oaks).

I received a call on Friday evening, for the appointment I asked if the nice lady could send me the address and contact details, but she said she could not and I said I would Google it.

I did so early on Monday, but the info online was not correct, but the lady did give me the correct contact for the physiotherapy department at Borne Hall Medical Centre, but they did not have my appointment recorded and said I must call Old Cottage Hospital Epsom.

The call came sometime later and I took directions from the Old Cottage reception Epsom to go to Borne Hall, not Borne Hall Medical Centre. Despite my father and I believing this information to be incorrect we went to Borne Hall and carrying my heavy laptop I tried to find someone. This took a while and they told me, that I needed to go to Borne Hall Medical Centre.

By the time I had found it and walked the stairs I fell to the ground and had to lie on the dirty floor outside their reception for 2 minutes to recover.

For this reason, I was flustered and forgot to record the session, so the (nice girl) who I spoke to may deny the following and in this case, so I have no proof of the 'nice girls' statements in the following.

1. I was seen by a young and inexperienced physiotherapist, maybe she was a good physiotherapist for standard physiotherapist appointments, and I can't say for sure, but I can say that in private practice in South Africa if you go to a physiotherapist with a back problem, they will



tell you they are not trained for backs and to go to a specialist in backs.

I don't the training is very different in England, and indeed my last experience with a UK physiotherapist was without any benefit, and

we have before talked about the stupidity of having physiotherapists as NHS's first point of contact for back problems, but you said it was not your call and was NHS policy, and for that reason, I have copied The Rt Hon Steve Barclay MP Secretary of State for Health and Social Care at stephen.barclay.mp@parliament.uk on this email and will copy him on all future emails.

Getting back to the physiotherapist who I have not named as I do not wish her to get in trouble as she seemed like a nice kid.

2. I thought at least a physiotherapist would be able to advise on pharmaceutical advice for backs. But when asked to confirm advice given by a senior medical administrator; should use Ibuprofen, not Paracetamol?

The physiotherapist replied:

'The question is out of her scope of experience.'

a. But my simplest research after – a Google search for back problems first offered the NHS page, which, in big letters very near the top of the page, said:

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3. Later the physiotherapist said:

"Backs are incredibly bendy and flexible, women carry



babies often and never get back pain!"

a. Whereas, again on the NHS's very own website, https://www.nhs.uk/pregnancy/related-conditions/common-symptoms/back-pain

The exact opposite is clearly and undeniably stated:

Back pain in pregnancy
It **is very common** to get **backache or back pain during pregnancy**, especially in the early stages.

4. Recommend that I work less.

a. This may be good advice, but Google searches have not supported this advice, the only advice I have found about work and lack of mobility was that lack of work can cause it.

And as I needed to thoroughly research backs and physiotherapy after her diagnosis I have added 20 hours to this week's already 85-hour schedule.

My work so far in reply to her stretched for more than 26 pages and is full of many other contaminations

5. The Physiotherapist did the standard exercises you see on TV, and a weird one where I was asked to strip and if our roles were reversed (and gender and age) would seem highly questionable. But no exercises at all that are relevant to chiropractors. Or any specialist in back problems, or even basic core exercises like Pilates.

If I do say so myself despite my 51 years of age, due to my instance physical, core and balance training from late 2019 to August 2022, I look very fit, and I have perfect balance. And I can sit for up to half an hour without discomfort.

But after sitting the pain comes, and if I were to walk for 200m and then do the same tests, I would not be able to stand at all, let alone do balance tests. I would be exactly as the physiotherapists first found me, laying on a dirty floor after too much walking and a small flight of stairs had crippled me.

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slipped disk, in fact, you have two.'

Saying words similar to 'there is no actual thing called a slipped disc.'

7. Her advice, other than to not work as hard, was to try and walk an extra fifty meters each day despite my complaint that it was walking that caused the pain (level 8 on the average scale), And I am only mobile up to 200m. And the more I push it the more pain and the less far can walk, from 10 miles a day for years, to no more than 200m, and now even that is a push.

If I rest from walking there is no pain or sciatic nerve problems and my feet are still cold, but not freezing.

The very act of walking caused such pain that it disrupts my day, mood, and attempts to give up smoking which Surgeon Burgoyne said was the one major problem I could fix that would help my back.

And for a while I just watched TV, laying on my left side and my right hip is painful, which itself causes pain in my ribs that I mistook for early appendicitis again.

I have had this type of advice before, in 2014, after reporting to NHS that a pharmaceutical caused horrendous hallucinogenic effects, the lady I spoke to advised that I take more of it. This was absurd and only 8 years later did a more senior doctor finally say that it was inappropriate. And indeed, all pharmaceuticals were inappropriate. (This point is covered in great detail, in Misdiagnosed the Movie.com – coming soon)

Because of the above and my 17 years of experience with back problems, I am very sceptical of the physiotherapist's advice to push into the pain, more and more each day. And in any case, if I do, I will not be able to make money to pay for private care or to right such letters that I am treated correctly.

- **8.** In private health, the gatekeeper is a salesperson, and your biggest concern is that you don't need attention to spend money on an unnecessary operation. Whereas in The NHS the reverse is true.
- **9.** Relative to the general public I have 8 months of very detailed data on my physical health that records all incidents, all attempts to push into the pain and the disruption this causes and the other medical conditions it aggravates, alongside all pharmaceutical use.

 Alongside this is my book Misdiagnosed the Movie.com, which I did not want to write but was forced to and is now about 250 pages, which is only about medical problems and subsequent legal problems caused by the medical problems and, allegedly the attempts to cover them up.
- **10.** The last thing I want to do is call a lawyer, but I have been advised by one that I have a very good case, not about your treatment, but about the treatment by Dr Fialho, and that all the conditions



listed in the chapters The Magnificent Sevenoaks, and The Straw that Broke the Camel's Back, seem connected to the treatment by Dr Fialho and if now, would be solved if Dr Fialho had not bankrupted me and I could afford private health care.

Is your advice, given that there is no doctor you can deputise to, to pursue this lawsuit so I can afford private care?

Best Regards,

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