PIP Tribunal Appeal for Mrs. Wendy Smith

This is an EXAMPLE only. Tweak for your life

Reference: ##

NI: ##

Date: ##

Please be aware that all evidence and points raised are based on Wendy's daily living at the time of her assessment on 19th August 2022 **only**. We have not included any changes since that.

Contents:

Timeline PIP:

Event	Date	Comments
Logged PIP Claim	28/04/2022	
PIP Assessment	19/08/2022	
PIP Appeal requested	06/09/2022	
PIP Appeal declined	01/10/2022	
PIP 2nd appeal request	07/10/2022	
PIP Tribunal - meeting 1	24/02/2023	Request adjournment as documentation missing on the system and informed by Judge we CAN appeal all aspects. Given 14 days to submit appeal

Conditions:

Condition	Approximate Start Date	Comments
Asthma	15yrs +	
Spondylosis	15yrs +	
Degenerative Disc Disease (spine)	20yrs +	1 x fusion completed (L4/5 2010), injections into spine to be booked. Current bulging disc
Osteoarthritis	July/August 2022	
Severe Anxiety/depression	2001	Diagnoses for PTSD due to an attack - awaiting appointments
IBS	10yrs +	

Conditions Impact to Daily Living:

Impact	Occurrences	Comments
Nightmares	Twice a week	Due to attack - 3/4/22
Pain	Constant	Back pain (right side is more severe), right shoulder, both hips (more left hip but x-rays show more OA in right hip), hands, both knees and right elbow= are the worst currently
Severe Fatigue	Constant	
Brain fog	At intervals daily	
Panic attacks	Twice a week	
Insomnia	Nightly	
Suicidal thoughts	Weekly	Stated in PIP assessment that had not had them for some time - this was not accurate as Wendy was embarrassed to discuss this

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Medication:

Name of Medication	Dosage	How Often

Appendices – Overview:

Evidence	Date	Comments	Page Number	Condition
GP Letter	06/09/2022	GP notes re: pain meds and treatment mental health	12	ALL
GP Notes - Medication	10/10/22 Printed by Surgery		13 to 17	ALL
GP Notes - Active problems and Significant past	05/03/2020	The document was 51 pages long have selected relevant extracts only	18	ALL
Referral Letter	11/01/2023	Evidence of future appoint with Respiratory Medicine	19	Asthma
GP Notes	23/08/2021	GP notes - page 14 of 51 confirms diagnoses	20	IBS
GP Notes	03/05/2022	GP notes - page 10 of 51 evidence of attack	21 to 22	Mental Health
GP Letter	29/11/2022	Diagnoses confirmation	23	Mental Health
Treatment appointment Letter	19/12/2022	Evidence of future appointment regarding Mental Health as on going treatment required	24	Mental Health
GP Letter	14/06/2022	GP letter	25	Osteoarthritis
GP Notes	07/03/2023	OA changes in both knees	26	Osteoarthritis
Radiology Report	01/09/2022	MRI results	27	Spine
GP Notes - consultations	10/10/22 Printed by Surgery	From 25/5/22 to 10/10/22 only due to a vast amount of notes NOT applicable to PIP i.e. a UTI many years ago, admin for letters, etc	28 to 31	Spine
X-rays	After surgery	Photograph taken by Wendy during appointment - can see its her x-ray	32	Spine
Orthopaedic Surgeon Letter	21/09/2022	Outcome of MRI, recommendation for spinal injections	33 to 34	Spine
Spinal Surgeon Letter	27/07/2022	Bilateral neurogenic claudication secondary to lateral recess stenosis ?L5/S1	35 to 36	Spine
Photo taken by Wendy during appointment	Taken during MRI scan	Bulging disc	37	Spine
MRI Disc	01/09/2022	Please be aware we will bring this disc on the day for review if required		Spine

Charlie Note:

Now I have more experience, I know I put too much evidence in. I would say try to not have more than 40 pages. You do NOT need to keep including evidence of medication or every appointment. Do not get carried away.

Don't forget, the most important thing is how you communicate the impact to your daily living and mobility in the Tribunal itself.

Charlie x

Reasons for Appealing

Ensure you use your own wording for your Tribunal. Do NOT copy this or it may go AGAINST you

Daily Living

What you disagree with:

Preparing food

Why you disagree with it:

I do NOT prepare meals; my mum cooks all meals. I am not safe to cook, I have burnt food and myself many times. I decline as the day goes on and by 13:00 daily I rarely move (expect to urinate). My brain fog also increases vastly as the day progresses.

I do not have the energy to prepare meals. If my mum did not cook, I would have to order a takeaway or buy pre-made sandwiches due to pain and severe fatigue. I cannot stand for much time and sitting is minimal as well. I am best when laid in bed on my left side as it results in a slight pain reduction.

I cannot chop food due to pain in my hands. I am NOT safe carrying/moving hot food.

What you disagree with:

Eating and drinking

Why you disagree with it:

I cannot chop food due to pain in my hands. I use 'chunky' cutlery to eat and my mum cuts up certain food types i.e. meat. My mum prompts me to eat, she will bring it to me in bed and wake me up to ensure I eat. If she did not do this, I would not eat as I do not have the motivation due to my depression and fatigue levels.

Also, to move causes me severe pain. It's hard to move at all, but when my mum brings me food, I feel guilty if I do not eat it.

I mainly use a spoon when eating, sometimes a fork. No knives as my mum ensures the food is 'fatigue friendly' i.e. scoopable.

Charlie Note:

Now I have more experience I would insert photo's here showing the equipment in my/your home

What you disagree with:

Managing your treatments

Why you disagree with it:

I cannot simply manage my treatments. I use a pill pot (dosette) for my medication
(Use your own photo)

and my mum checks every day that I have taken my meds as sometimes I forget. My mum also prompts me to take more pain medication if she sees I have declined.
The reason my mum has to help me so much is due to my depression, I struggle with motivation and it hurts to move. Also, my pain is severe so my brain fog is very unhelpful.
My mum checks on my meds in the am and pm, it does not take long to do about 5min each time as she will hand them to me and make sure I take them.

What you disagree with:

Washing and bathing

Why you disagree with it:

I use a handle to get in the shower and I sit on a chair as I cannot stand for long enough to complete the shower mainly, due to back pain. My mum washes my hair as my right shoulder is too painful to raise up high enough to do this. I am unable to wash my back and below my knees so my mum does this due to my mental health, pain and fatigue levels. And, I am so embarrassed that my 80-year-old mother has to help me, I only shower once or twice a week (if that).

Use your own photo)

What you disagree with:

Managing your toilet needs

Why you disagree with it:

I have to use a sink as a 'handle' to lift myself off the toilet (add in your own photo). I am incontinent at intervals due to my IBS, I get severe diarrhoea. This happens at least 2-3 times per week (this has improved it used to be much more often).

Within this 2-3 times a week, each occasion can result in severe diarrhoea that on average means I have to use the toilet approx. 10 times. This results in very sore anus due to cleaning and extreme fatigue.

Having to go to the toilet so many times is exhausting. I avoid leaving the house if it is bad or if I think it may get bad.

I struggle to clean myself due to fatigue and being able to reach my arms around my body, twisting results in pain increase. There are times this is not possible, so my mum helps me. I do NOT want her to clean me, so, when possible, I will get in the shower and shower off the worse. Or I will have to rest when not fully clean and then go back and try again (if my mum is out).

When out I will wear a pad to minimise the risk, I always know where the toilets are. As I do not often go out any more, this has been less of an issue.

What you disagree with:

Dressing and undressing

Why you disagree with it:

I avoid wearing clothes with buttons or zips due to the pain in my hands (I have not had a diagnosis on this yet). If I do wear them, my mum assists or I have an aid I can hook on the zip to pull them up

(Use your own photo)

I prefer to not use this as it is still fiddly so I avoid clothing with any zips or buttons. I also wear oversized clothing so it's easy to go on. My mum puts my socks on as I cannot access my feet. She would have to help me with shoes but I have them that I can slip on. I would not be able to wear lace up shoes without my mum's assistance.

Due to the pain in my right shoulder, my mum assists me daily with putting my top on. However, due to fatigue I will have at least 3-4 days in the week where I do not get dressed. I will wear comfortable clothes i.e. jogging bottoms and baggy top. I will then sleep in these clothes and they look like day wear as well. I also do this as it eases the pressure on my mum as she already does so much for me and with my depression it is hard to motivate myself, especially as it's a pain increase when I move.

What you disagree with:

Mixing with other people

Why you disagree with it:

I do NOT want to mix with other people. I have suffered with depression and anxiety for decades but since the attack its much worse. I get very angry and stressed, I already get panic attacks approximately twice a week. And this is when I rarely leave the home and if I do it is with people, I am very comfortable with.

My IBS, pain and fatigue levels also impact my decisions about mixing with other people.
I have been involved in an incident where I felt I was so uncomfortable I lost my temper and I threw an item at an individual. I am not proud of this; I know I cannot handle mixing.

I lose sleep (which I barely get anyway due to pain) if I have to go somewhere i.e. hospital. The PIP process has been horrendous, if I was not at rock bottom financially and physically, I would have abandoned this process when I received the 44-page document. I would not be here without my friend and I know my life is impacted by my illnesses, I believe I should receive PIP. I cannot give up and I have to ease the pressure on my mother.

I am able to drive at times. If I got with my mum to a known location (local shop, GP) I am ok. But only, if my IBS, fatigue levels and pain permits it. I go out 1-2 times a week with my mum on short journeys. This varies due to panic attacks/conditions.

Mobility

What you disagree with:

Planning and following a journey

Why you disagree with it:

I will NOT plan or go on unfamiliar journeys. Even if I had someone with me. It's too stressful. I struggle to get out to the local shop. This is not an option for me at this time due to pain, IBS, fatigue and severe anxiety.

What you disagree with:

Moving Around (Please do not ask me in meters, use the bus example as I got confused in the assessment – my fault not the DWP individual)

Why you disagree with it:

I can slowly walk 5 bus lengths; it makes me puffed due to asthma and it increases my pain severely. I then need to take a rest. For stairs I crawl up them, sit and take rest breaks.
The time it takes varies depending on the time of day. In the evening I would NOT be able to walk 5 bus lengths. I struggle to get from my bed to the bathroom.

To give you an example, you do not have on site disabled parking. So, we used the carpark nearby. It was too far. Then in our first Tribunal meeting we were on the first floor; I was exhausted when I got to the waiting room. By the time we went in we had been waiting approx. 25mins. The rest break was brilliant so I was able to focus more and recover my breathing. The fire doors are also very challenging to open, we had assistance or my shoulder pain would have increased.

After I sat/stood up (when required) during the Tribunal I was then able to walk back to the car. But I then had to rest as it was too far, before being able to drive home.

After I walk, I then 'crash' I have to sleep. This sleep can last on average from 4 to 5 hours. I have to sleep part way through the day, every day as my fatigue is too much. I tend to go back to bed at 13:00.

Appendices

Charlie Note:
I have cut all of the evidence to remove her personal details) this was a letter from the GP, it was not worth how much it cost to be honest)

To whom it may concern,

I confirm the above named patient is registered with the surgery.

This patient has chronic lower back pain, which is under investigation.

She also suffers from osteoarthritis in her knees.

The back and knee pain is constant and impacting on her sleep and various activities of daily living.

She struggles walking and driving as of her back and knee conditions.

At this point, the pain is not adequately controlled. Today she has been prescribed Tramadol, Paracetamol and Ibuprofen.

She also takes Venlafaxine for her low mood. The constant pain and lack of sleep is depressing her mood further.

Please contact us if further information is required.

Charlie Note:

This is a copy of her GP notes – BRILLIANT evidence for the Tribunal

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Tramadol 50mg capsules	1-2 CAPSULE 4 HOURLY WHEN REQUIRED.	200 capsule	27-Sep-2022
Gabapentin 100mg capsules	One 100mg Capsule To Be Taken Three Times A Day	84 capsule	27-Sep-2022
COVID-19 Vaccine Spikevax 0 (Zero)/O (Omicron) 0.1mg/ml dispersion for injection multidose vials (Moderna, Inc)	0.5 ml Intramuscular	0.5 ml	20-Sep-2022
Tramadol 50mg capsules	1-2 CAPSULE 4 HOURLY WHEN REQUIRED.	100 capsule	06-Sep-2022
Venlafaxine 150mg modified-release capsules	Twice A Day	56 capsule	06-Sep-2022
Kliovance tablets (Novo Nordisk Ltd)	One To Be Taken Each Day	84 tablet	26-Jul-2022
Comirnaty COVID-19 mRNA Vaccine 30micrograms/0.3ml dose concentrate for dispersion for injection multidose vials (Pfizer Ltd)	0.3 ml by Intramuscular Injection	0.3 ml	12-Nov-2021
Quadrivalent influenza vaccine (split virion, inactivated) suspension for injection 0.5ml pre-filled syringes (Sanofi Pasteur)	use as directed	1 pre-filled disposable injection	

Ibuprofen 400mg tablets	One To Be Taken Three Times A Day After Food	84 tablet	01-Aug-2022
Co-dydramol 10mg/500mg tablets	One Or Two To Be Taken Every 4 To 6 Hours When Necessary.	100 tablet	01-Aug-2022
Venlafaxine 150mg modified-release capsules	Twice A Day	56 capsule	04-Jul-2022
Venlafaxine 150mg modified-release capsules	Twice A Day	56 capsule	01-Jul-2022
Naproxen 500mg tablets	One To Be Taken Twice A Day	112 tablet	13-Jun-2022
Venlafaxine 150mg modified-release capsules	Twice A Day	56 capsule	06-May-2022
Hydrocortisone 1% / Clotrimazole 1% cream	APPLY TWICE DAILY	60 gram	04-Jan-2022
Terbinafine 1% cream	Apply Thinly Twice A Day As Directed	60 gram	14-Dec-2021
Ketoconazole 2% shampoo	x2x3 times a week	240 ml	14-Dec-2021
Cetraben cream (Thornton & Ross Ltd)	apply tds	500 gram	30-Nov-2021
Venlafaxine 150mg modified-release capsules	Twice A Day	112 capsule	17-Nov-2021
Prednisolone 5mg tablets	6TABS A DAY (rescue pack)	30 tablet	09-Nov-2021
Doxycycline 100mg capsules	Two To Be Taken On The First Day Then One To Be Taken Each Day	6 capsule	09-Nov-2021

Charlie Note:

Make sure you ALWAYS include your name etc. on the evidence. Photograph the WHOLE thing so there is no risk they think it is someone else's details. I have cut all of these to give to you, when we submitted every single piece of evidence had Wendy's details on it.

Charlie Note:

THIS evidence was STUNNING and VERY important. GP's always have this summary on the system. When she gave this to me it was 52 pages long. I took the important bits. So, do NOT bother paying for a letter from your GP. Just ask for a copy of your notes. Then you can photograph your meds and active problems:

Problems

Active

Date	Problem	Associated Text	Date Ended
27-Sep-2022	Chronic low back pain		
03-May-2022	Post-concussion syndrome		
28-Apr-2022	Pain of joint of knee		
19-Nov-2021	Telephone encounter	not need ultrasound as got better=bowel is up and down with looseness ,so IBS is likely diagnosis	
06-Nov-2018	Advice about weight		
30-Oct-2018	Low back pain		
14-Nov-2017	Asthma		
05-Jan-2016	Repeated prescription		
23-Jan-2013	Degenerative spondylolisthesis	Problem severity: Major grade I L4 on L5 causing irritation of L4 and L...	

Significant Past

Date	Problem	Associated Text	Date Ended
05-Mar-2020	Acute exacerbation of asthma		03-Apr-2020
06-Sep-2013	Other primary fusion of joint of lumbar spine	Problem severity: Major L4/5 pedicle screw fusion + L3/4 + right L4/5 ...	
28-Jun-2013	Perforated nasal septum		28-Jun-2013
17-Feb-2012	Multiple rib fractures	Problem severity: Major	
04-May-2009	Paracetamol overdose	Problem severity: Major	
07-Feb-2005	Lumbago with sciatica	Problem severity: Major	
10-Jun-2003	Mixed anxiety and depressive disorder	Problem severity: Major	
18-Sep-2001	[X]Depression NOS		18-Sep-2001

Charlie Note:

Any letters with outcomes proving conditions like this are BRILLIANT:

EXAMINATION DATE: 01/09/2022 Examination: MRI Lumbar Spine

EXAMINATION: MRI Lumbar Spine

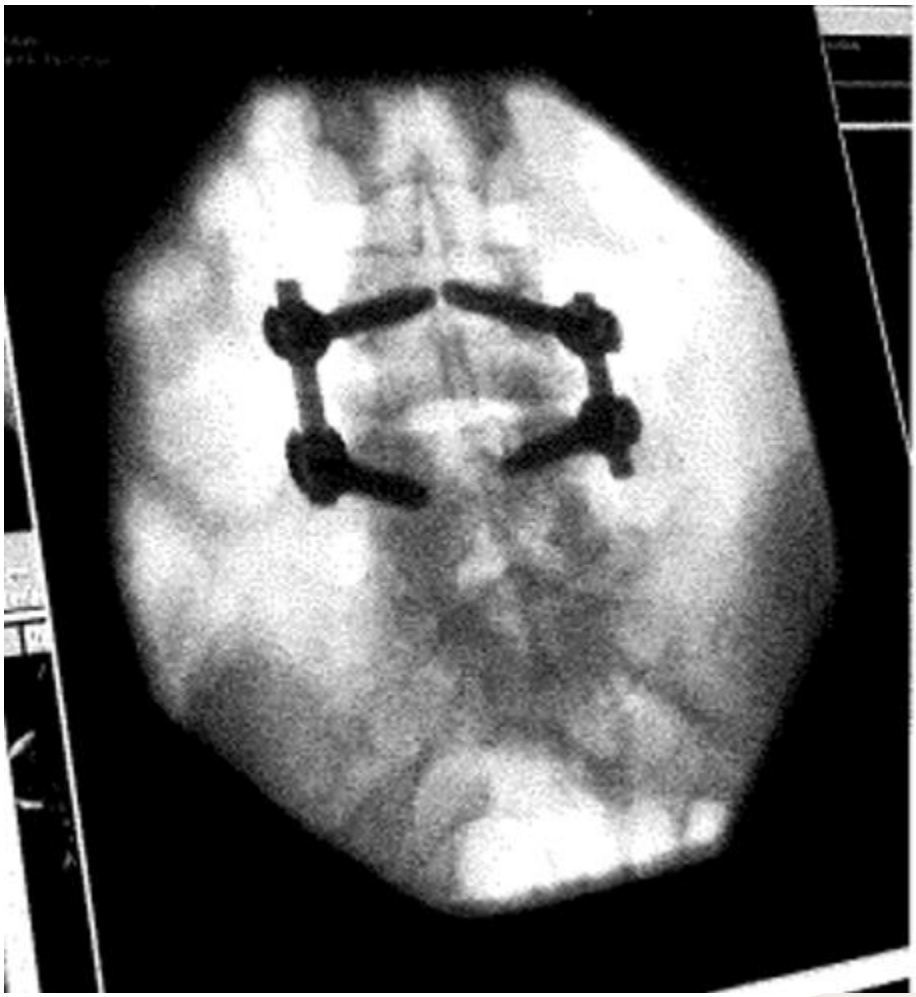
CLINICAL QUESTIONS: Stenosis /Disc above and below fusion levels

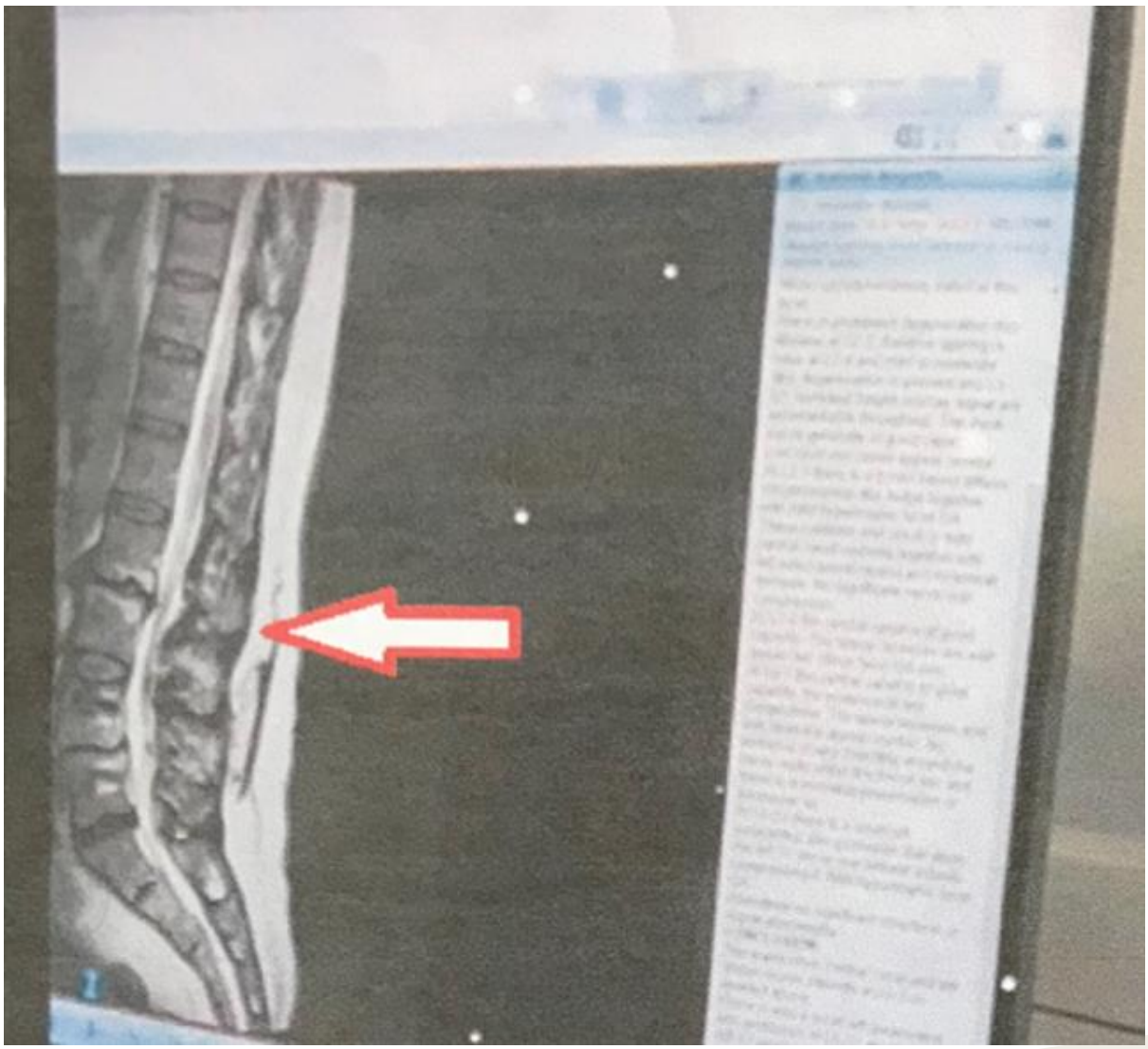
CLINICAL HISTORY: Previous spinal fusion L4/5 2010. 8 month back and left leg pain some right leg SLR 90

FINDINGS:
Previous posterior fusion at L4-5. Minor spondylolisthesis noted at this level.
There is prominent degenerative disc disease at L2-3. Relative sparing is seen at L3-4 and mild to moderate disc degeneration is present and L5-S1. Vertebral height marrow signal are unremarkable throughout. The dural sac is generally of good capacity.
Low cord and conus appear normal.
At L2-3 there is a broad based diffuse circumferential disc bulge together with mild hypertrophic facet OA. These combine and result in mild central canal stenosis together with left sided lateral recess and foraminal stenosis. No significant nerve root compression.
At L3-4 the central canal is of good capacity. The lateral recesses are well preserved. Minor facet OA only.
At L4-5 the central canal is of good capacity. No evidence of any compromise. The lateral recesses and exit foramina appear normal. No evidence of any crowding around the nerve roots within the thecal sac and there is reasonable preservation of perineural fat.
At L5-S1 there is a small left paracentral disc protrusion that abuts the left S1 nerve root without actually compressing it. Mild hypertrophic facet OA.
Elsewhere no significant structural or signal abnormality.

CONCLUSION:
The scans show central canal and left lateral recess stenosis at L2-3 as detailed above.
There is also a small left paracentral disc protrusion at L5-S1 abutting the left S1 nerve root at the entrance into the neural canal.

Charlie Note:
This really helped in the Tribunal





Charlie Note:

Good luck! You can do this! Remember you are NOT alone!