

Joint Statement of Experts: [Mr Krishnan Anantharamakrishnan] and [Expert [REDACTED]
[REDACTED]

I [REDACTED]

Court: [REDACTED]
[REDACTED]
[REDACTED]

I [REDACTED]

- **Subject:** Employers Liability

1. Introduction

1.1. This joint statement is prepared following a discussion between [REDACTED] (appointed by Claimant) and Mr Krishnan Anantharamakrishnan (appointed by Defendant) on 18 February 2026

1.2. We have reviewed the expert reports exchanged on 18 February 2026 and the agreed bundle of medical notes.

2. Expert Declarations

We, the undersigned experts, individually re-state the Expert's Declaration contained in our respective reports that we understand our overriding duties are to the court and not the party appointing us, and that we have complied with them.

3. Agreed Issues

3.1. Urinary Dysfunction Following the Accident

Both experts agree that the claimant suffered immediate spinal cord dysfunction following the accident. This resulted in symptoms affecting the urinary tract, such as increased urinary frequency, urgency, and urgency continence. The dysfunction persisted for approximately ten weeks after the incident.

The experts concur that the prognosis for total recovery from these urinary symptoms is estimated at nine to twelve months.

It is agreed that there was no organic cause identified for the urinary dysfunction. The symptoms were attributed to a temporary neurological shock akin to kind of neuropraxia occurring immediately after the accident. Furthermore, the treatment provided was considered adequate by both experts.

3.2. Sexual Dysfunction Following the Accident

The experts agree that immediately after the accident, the claimant experienced a lack of early morning erections for about one year. This period of sexual dysfunction lasted until the claimant began to experience pins and needles in his legs and feet. Both experts attribute these symptoms to transient spinal cord dysfunction resulting from the accident.

The prognosis for complete recovery from sexual dysfunction is agreed to be approximately twelve to sixteen months.

Both experts agree that the management of the claimant's sexual dysfunction was appropriate. The absence of fertility issues, evidenced by the claimant's resumption of full sexual activity and the birth of twins, supports this conclusion.

4. Disagreed Issues

4.1. Causation of the Epididymal Cyst in the Scrotum

The principal issue upon which the experts disagree concerns the origin of the epididymal cyst identified in the claimant's scrotum. The uncertainty exists but at the same time no uncertainty means either way that potentially it could have been possible.

Expert Opinions

[REDACTED] View: [REDACTED] considers that the development of the epididymal cyst may be directly attributed to the accident. In his opinion, the trauma sustained could reasonably have resulted in the formation of the cyst.

Mr Krishnan Anantharamakrishnan's View: In contrast, Mr Anantharamakrishnan is of the view that the discovery of the epididymal cyst is coincidental. He believes, on the balance of probabilities, that the cyst is the result of a pre-existing condition and is not causally related to the accident in question.

Current Status and Management

Regardless of the differing expert opinions regarding causation, it is noted that the claimant does not currently experience significant discomfort or distress from the epididymal cyst.

The claimant has expressed a preference for conservative management and does not wish to pursue further intervention currently.

4.2 Likelihood of Urinary Symptoms Returning

Both experts acknowledge the possibility that the claimant may experience a recurrence of lower urinary symptoms in the future. However, their opinions diverge regarding the potential relationship between any future symptoms and the claimant's accident.

Expert Opinions

Mr Krishnan Anantharamakrishnan's View: Mr Anantharamakrishnan considers that if the claimant's urinary symptoms do return, they would, on the balance of probabilities, not be connected to the claimant's accident. He believes any recurrence would be unrelated to the traumatic event.

[REDACTED] contrast, [REDACTED] is of the opinion that any future recurrence of urinary symptoms would, on the balance of probabilities, be attributable to the psychological trauma experienced by the claimant as a result of the accident. He suggests that such symptoms may be connected to post-traumatic neurological dysfunction, although he acknowledges that it is difficult to precisely define the relationship between the accident and any future urinary symptoms.

Claimant's Current Status

At present, the claimant, [REDACTED], is fit and well. He has returned to full-time employment, albeit in a desk-based role rather than one similar to his previous work. The accident has not resulted in any major long-term residual issues. The claimant's urinary symptoms are described as mild and are being managed conservatively.

5. Summary of Conclusions

Expert Opinions on Causation

There are differing opinions between the two experts regarding the causation of the claimant's epididymal cyst. Mr Krishnan Anantharamakrishnan believes the cyst is coincidental and the result of a pre-existing condition, with no causal relationship to the accident. In contrast, [REDACTED] considers that the cyst may be linked to the accident, although the relationship is not definitively established. The uncertainty exists but at the same time no uncertainty means either way that potentially it could have been possible.

Current Status and Management

The claimant does not currently experience significant discomfort or distress from the epididymal cyst and prefers conservative management, opting not to pursue further intervention at this time.

Likelihood of Urinary Symptoms Returning

Both experts acknowledge the possibility of recurrence of lower urinary symptoms in the future. Mr Anantharamakrishnan considers that any recurrence would not be related to the accident, while [REDACTED] suggests that future symptoms could be attributable to the psychological trauma resulting from the accident, potentially linked to post-traumatic

neurological dysfunction, consistent in line with symptoms recurring in Post Traumatic Stress Disorder [PTSD], seen so frequently in people undergoing neuro psychological trauma.

Claimant's Current Status

The claimant is currently fit and well, having returned to full-time employment in a desk-based role. There are no major long-term residual issues resulting from the accident, and urinary symptoms are mild and managed conservatively.

Experts' Declaration

- i. I confirm that I understand my duty to the court and that I have complied with that duty.
- ii. I am aware of and have complied with the requirements of Part 35 of the Civil Procedure Rules, the Practice Direction to Part 35 and the Guidance for the Instruction of Experts in Civil Claims 2014.
- iii. I understand that my duty is to help the court on matters within my expertise and that this duty overrides any obligation to the person from whom I have received instructions or by whom I am paid [CPR 35.3]
- iv. I have stated the substance of all material instructions, whether written or oral, on the basis of which the report is written [CPR 35.10(3)]
- v. My evidence is my independent product, uninfluenced by the pressures of litigation [35PD 2.1]
- vi. The opinions I have expressed are objective, unbiassed and based on matters within my own expertise and I have not adopted the role of an advocate for the party instructing me [35PD 2.2] I have made clear if a question or issue falls outside my area of expertise [35PD 2.4(a)]
- vii. I have considered whether there is any conflict of interest and declared any potential conflict identified.
- viii. I have given details of any literature or other material relied on in making the report [35PD 3.2(2)]
- ix. I have set out the substance of all facts which are material to the opinion expressed in this report or upon which my opinions are based [35PD 3.2(3)]
- x. I have made clear which of the facts stated in the report are within my own knowledge [35PD 3.2(4)]
- xi. I have said when there is a range of opinion on a relevant issue and summarised the range of opinions and I have formed my own independent view as to the appropriate point in that range applicable to this case and given reasons for that view [35PD 3.2(6)]

Statement of Truth

“I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a Statement of Truth without an honest belief in its truth.”

Signatures:

_____ () Date: _____

_____ (Mr Krishnan Anantharamakrishnan) Date: _____