



# Royal National Orthopaedic Hospital **NHS**

NHS Trust

RNOH Stanmore  
Brockley Hill  
Stanmore  
Middlesex HA7 4LP

RNOH Bolsover Street  
45 Bolsover Street  
London  
W1W 5AQ

## THE CATTERALL UNIT

Tel: 020 8909 5875

Fax: 020 8909 5402

Email: [REDACTED]

Tel: 020 8954 2300

www.rnoh.nhs.uk

[REDACTED]  
NHS number: [REDACTED]

Date of Clinic: [REDACTED]  
Date of Typing: [REDACTED]

Disability Benefits Centre 4  
Post handling Site B  
Wolverhampton  
WV99 1BY

Your ref [REDACTED]

Dear

RE: [REDACTED]  
[REDACTED], [REDACTED], [REDACTED], [REDACTED]  
[REDACTED], [REDACTED]

[REDACTED] is under my care for management of her Arthrogyrosis Multiplex.  
This is a condition where you are born with severe contractures of your limbs  
due to an underlying muscle neuromuscular problem.

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]'s current difficulties are regarding her self care skills, independence  
and mobility. Due to [REDACTED]'s very limited hand function, she is unable to be  
independent in any of self care, needing help brushing her hair, toileting,  
bathing, getting dressed, eating her meals etc. Her hands are held closed  
and cannot be opened, and she cannot rotate her arms or extend her  
shoulders to reach up. She also has very limited manipulation skills because  
of her functional disability. From the gross motor point of view, she is  
ambulant but walks very slowly and has less stability. She is chaperoned to  
school with her cousin who goes to the same school because of this, so is not  
independent. She is supported at school by her friends who help her getting

around between the classrooms and also help her with dressing and undressing for PE lessons.

I understand that [REDACTED]'s application for Disability Living Allowance has been declined and I would very much advocate that she should meet your criteria for this and I can only assume that it is because you have not been given the appropriate information to be able to assess her application properly. I would be very grateful if this could be reviewed.

With thanks

Yours sincerely

*Electronically signed by*

**Dr Caroline Oren  
Consultant Paediatrician**

Parents of Miss [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dr [REDACTED]  
[REDACTED] Medical Centre  
[REDACTED]  
[REDACTED]  
[REDACTED]