

Alan Henness



8 March 2010

Dear Mr Henness

**Complaint against** [REDACTED]

We are writing with regard to your complaint against [REDACTED]. In accordance with Section 20(3) of the Chiropractors Act 1994 ("the Act"), your complaint has been referred to the Investigating Committee for its consideration. The registrant has now provided observations on your complaint in accordance with Section 20(9)(a) of the Act. These observations relate to [www.\[REDACTED\].co.uk](http://www.[REDACTED].co.uk) ([REDACTED] Clinic).

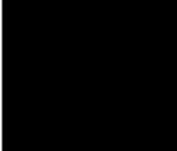
The Investigating Committee invites you to submit your comments on the registrant's observations, a copy of which is enclosed for your information. Normally we allow seven days for receipt of comments on the observations, but because you are being invited to comment on observations from a number of chiropractors against who you have made complaints, the timescale has been extended to 14 days from the date of this letter. Any comments you wish to make must be received in writing by **22 March 2010** and should be sent to the GCC offices marked for the attention of the Specialist Officer (Regulation).

Any comments you choose to make on these observations will be disclosed to the registrant, who will be given an opportunity to submit observations on your comments. For avoidance of doubt, please note that in line with our normal process, you will not be asked if you wish to comment on those observations.

Please note that you have been provided with a copy of the registrant's observations in confidence. There is a responsibility on you not to use any information provided in the registrant's observations improperly.

Should you have any questions, or require any additional information, please contact us.

Yours sincerely



Specialist Officer (Regulation)  
On behalf of the Investigating Committee

## **RESPONSE TO THE GENERAL CHIROPRACTIC COUNCIL INVESTIGATING COMMITTEE**

### **INTRODUCTION**

1. I am a chiropractor registered with the General Chiropractic Council (GCC). My registration number is [REDACTED]. I graduated from the [REDACTED]. My current practice address is [REDACTED].
2. I am in receipt of a formal Notification of Complaint from the GCC which is dated 8<sup>th</sup> December 2009. The complaint relates to written materials that appeared on my clinic website. The Complainant in this matter is Mr Alan Henness. I understand that my complaint is one of a significant number made by Mr Henness in relation to claims made on websites belonging to members of the British Chiropractic Association.
3. Mr Henness is not, nor has he ever been, a patient of mine, nor has he ever approached me directly in relation to my clinic website or other matters. He does not claim to be complaining in the capacity of a concerned parent, a chiropractor or a medical practitioner.
4. I understand that the GCC has a statutory duty under the Chiropractors Act 1994 to formally investigate all complaints it receives. Pursuant to s20(9)(a) of the Act I understand that I am permitted the opportunity to submit observations on the matter under investigation. This document constitutes those observations.

### **NATURE OF THE COMPLAINT**

5. In his letter of complaint, Mr Henness alleges that I am making/have made unsubstantiated claims on my website [REDACTED] regarding the treatment of a number of conditions. In particular, he has highlighted [REDACTED]

The GCC's own Investigating Committee has required me to comment on other conditions such as pregnancy and chiropractic, children and chiropractic, hamstring and calf strains, Achilles tendon injuries, groin and thigh sprains, tennis elbow, rotator cuff injuries, tendonitis, frozen shoulder and carpal tunnel syndrome which appear on my website.

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6. In his complaint, Mr Henness highlights the need for compliance with the GCC's Code of Practice C1.6 and highlights the fact that the publication of a practice must be consistent with the law and the guidance offered by the Advertising Standards Authority. I note that Mr Henness has referenced relevant Advertising Standards Authority guidance, which includes The British Code of Advertising, Sales Promotion and Direct Marketing (CAP CODE); he also references AdviceOnline; Therapies: Chiropractic; Health, Beauty and Slimming Marketing That Refers to Medical Conditions.

Mr Henness also cites paragraph 50.1 of the Advertising Standards Authority Code which states *"medical and scientific claims made about beauty and health related products should be backed by evidence... substantiation will be assessed by the Advertising Standards Authority on the basis of the available scientific knowledge"*. He also indicates that marketers should hold robust evidence for all claims stated on their website.

Mr Henness also refers to guidance which has accepted in the past that chiropractors may be able to help with a range of conditions. Mr Henness comments that *"this implies that such claims may not be in contravention of the Advertising Standards Authority guidance if a chiropractor making those claims holds evidence of the efficacy of chiropractic for those conditions. However CAP CODE Paragraph 50.1 simultaneously applies; any such evidence being evaluated on the basis of the available scientific knowledge"*.

Mr Henness also cites Advertising Standards Authority decisions including one relating to Britchiro Clinics of 28<sup>th</sup> May 2008 which adjudicated on the use of the Dr title by chiropractors. Mr Henness maintains that some or all of the claims I have made on my website are not capable of being substantiated to the Advertising Standards Authority standard and should not be claimed by any chiropractor registered with the GCC.

7. The further aspect of Mr Henness' complaint relates to his opinion that *"many chiropractors frequently encourage potential patients to become reliant on chiropractic by telling them that they must continue to receive chiropractic treatment to keep their spine – and hence themselves – in good health"*. Mr Henness believes this contravenes Paragraph C1.3 of the Code of Practice.

## RESPONSE TO THE COMPLAINT

8. At the outset I should like to point out that this matter relates solely to the content of my website. It is therefore an issue only about marketing and cannot be extrapolated to relate to any issue involving my diagnosis, treatment or management of patients. The only relevant section of the Code of Practice is therefore section C1.6.
  9. I accept that I am responsible for the content of my website. When it was constructed I was mindful of the need to provide information that was honest, decent, legal and truthful. In doing so, I included material that I considered to be evidence-based. To clarify to the Investigating Committee what my understanding of evidence-based care was and remains, I summarise the three components below:
    - a. My reading of research contained in peer-reviewed literature;
    - b. My clinical experience
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c. What I considered to be best for my patients.

10. Furthermore, within the Glossary of the current Code of Practice and Standard of Proficiency, evidence-based care is defined thus:

*“Clinical practice that incorporates the best available evidence from research, the preferences of the patient and the expertise of practitioners (including the individual chiropractor him/herself.”*

11. The GCC’s own Code of Practice and Standard of Proficiency<sup>1</sup> states:

*Chiropractic is a health profession concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system and the effect of these disorders on the function of the nervous system and on general health. There is an emphasis on general health, including spinal manipulation and adjustment. By restoring normal function to the musculoskeletal system chiropractors can play a major part in relieving disorders and an accompanying pain or discomfort, arising from accidents, stress, lack of exercise, poor posture, illness and everyday wear and tear. Chiropractors take a holistic approach to health and wellbeing this means that they consider its physical, psychological and social aspects.*

12. In the management of their patients, chiropractors employ a range of treatment techniques. While their care is often stated to be synonymous with spinal manipulation, this is incorrect. In practice, chiropractors utilise a package of treatment strategies, some of which may include manual therapies. These include massage, stretching, manipulation and mobilisation. Their undergraduate education also includes training in exercise prescription and rehabilitation. Many chiropractors use acupuncture techniques (myofascial dry needling) as part of their treatment approach. Electrotherapy (laser, interferential and ultrasound) is often utilised. As musculoskeletal experts chiropractors give advice on posture and ergonomics (both at home and in the workplace). Chiropractors are also trained to give lifestyle advice as part of a health promotion/disease prevention strategy. As a treatment option, chiropractors often undertake onward referral to other suitably qualified healthcare professionals.
13. There is also a misapprehension that chiropractors only treat back pain. While this common condition makes up the majority of most chiropractors’ workloads, a significant proportion of their work also involves joints outside of the spine. These include sports-related soft tissue and joint injuries, and conditions that arise secondary to the normal ageing process (often referred to as ‘wear and tear’).
14. Chiropractors are independent healthcare practitioners with responsibility for patients in the primary care setting. Their undergraduate education equips them with the skills and knowledge to assess patients of all ages. In all cases, the safety and wellbeing of the patient is paramount and the benefits of treatment must be weighed carefully against the individual risks of the proposed intervention.

Spinal manipulation encompasses a range of treatment techniques which can be tailored to the individual needs, characteristics and health status of the patient. These techniques may include (but not be restricted to) high-velocity, low amplitude manual manoeuvres, use of a mechanical

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<sup>1</sup> GCC Code of Practice and Standard of Proficiency (effective from 8 December 2005)

device (Activator), specialised treatment tables designed to facilitate 'drop' techniques and, often in the case of paediatric care, the use of gentle cranial manipulation/mobilisation

15. I would like to deal specifically with Mr Hennessy's original complaint of 7<sup>th</sup> June 2009. In the case of my website as of 7<sup>th</sup> June 2009 he has cited the following conditions:-

I provide below my commentary on these conditions together with the relevant research references.

### ***BACK PAIN***

Back pain is pain in the anatomic region of the back for which it is impossible to identify a specific pathologic cause of pain. It can include back pain with or without, pain in the lower limbs which may or may not interfere with activities of daily living.

Chiropractors treat mechanical back pain using a package of care that may include manual therapies, exercise, rehabilitation, acupuncture and therapeutic advice.

There is considerable evidence to support this approach to patient care:

- National Institute for Health and Clinical Excellence. Early Management of persistent non-specific low back pain. 2009 May.
- Airaksinen O, Brox JJ, Cedraschic, C, Hildebrandt J, Klaber-Moffett J, Kovacs F et al : Chapter 4. European Guidelines for the management of chronic non-specific low back pain. Eur Spine J 2006, 15 Suppl 2: S169-S191
- Van Tulder M, Becker A, Bekkering T, et al. The COST B13 Working group on guidelines for the management of acute low back pain in primary care. Eur Guidelines for the management of acute non-specific low back pain in primary care. Eur Spine J 2006 Mar; 15 suppl 2: S169-91.
- Department of Health Musculoskeletal Services Framework for England and Wales. 12 July 2006

### ***DISC PROBLEMS & SCIATICA***

As regulated health professionals specialising in the diagnosis, treatment and management of musculoskeletal disorders, chiropractors are educated and qualified to treat intervertebral disc disorders, which may include sciatic symptoms of pain, sensory change and muscle weakness.

Chiropractors utilise a range of treatment and management interventions for intervertebral disc disorders. These depend upon the severity of the condition and any associated neurological symptoms. Chiropractors are educated and qualified to assess patients using orthopaedic, neurological, palpation and other physical assessment tools. Assessment may also include the use of diagnostic imaging including x-ray and MRI.

Chiropractors use a range of treatment interventions for intervertebral disc lesions including manual therapy, acupuncture techniques, electrotherapy, exercise prescription, therapeutic advice, patient education strategies and onward referral where indicated. They frequently work with orthopaedic and neurosurgical colleagues in managing disc injuries and may refer back to the general practitioner for appropriate analgesia. Chiropractors recognise that not all disc injuries are suitable for spinal manipulation and, although rare, adverse events have been described in the literature. However, there is evidence to support this approach as a safe and effective treatment intervention for mild-moderate disc lesions. This includes the following:

- Cassidy JD, Thiel HW, Kirkaldy-Willis WH. Side posture manipulation for lumbar intervertebral disc herniation. *J Manipulative Physiol Ther* 1993 Feb; 16(2): 96-103.
- Quon JA, Cassidy JD, O'Connor SM, Kirkaldy-Willis WH. Lumbar intervertebral disc herniation. *J Manipulative Physiol Ther*. 1989 Jun; 12(3): 220-7
- Oliphant D. Safety of spinal manipulation in the treatment of lumbar disk herniations: a systematic review and risk assessment. *J Manipulative Physiol Ther* 2004 Mar-Apr; 27(3): 197-210

## **WHIPLASH ASSOCIATED DISORDERS**

Whiplash is the term commonly given to traumatically-induced neck pain, most commonly arising secondary to road traffic collision trauma. The term acceleration-deceleration injury is also used to describe this clinical syndrome. It may involve a range of symptoms, most commonly neck and shoulder pain, upper back pain, upper arm pain and headaches. Multiple tissues can be involved, including joints, ligaments, tendons and nerves.

Chiropractors treat acceleration-deceleration injuries using a package of care that may include manual therapies, exercise and rehabilitation and acupuncture.

There is evidence to support this approach to patient care:

- Spitzer WO, Skovron ML, Salmi LR, Cassidy JD, Duranceau J, Swissa S, Zeiss E. Scientific monograph of the Quebec Task Force on Whiplash Associated Disorders: redefining whiplash and its management. *Spine* 1995;20(8S): 1S-73S.
- Hurwitz EL, Caragee EJ, van der Weld G, et al Treatment of neck pain: non-invasive interventions: results of the Bone and Joint Decade 2000-2010. Task force on neck pain and its associated disorders. *J. Manipulative Physiol* 2009 Feb; 32(2 suppl): S141-175

## **MECHANICAL NECK PAIN**

Mechanical neck pain is pain in the anatomic region of the neck for which it is impossible to identify a specific pathologic cause of pain. It can include neck pain and from time to time, pain in the upper limbs which may or may not interfere with the activities of daily living.

Chiropractors treat mechanical neck pain using a package of care that may include manual therapies, exercise, therapeutic advice and postural advice.

There is evidence to support this approach to patient care:

- Haldeman S, Carroll L, Cassidy D, Schubert J, Nygren A: The Bone and Joint Decade 2000-2010 Task Force on Neck Pain and its Associated Disorders: Executive Summary. *Spine* 2008. 33: S5-S7

## **SHOULDER PAIN**

Shoulder pain presents as soreness, tension, and/or stiffness in the shoulder and shoulder girdle region. It can also be related to cervical spine dysfunction and can be secondary to a range of multiple conditions including, which might include, rotator cuff disease and adhesive capsulitis.

Chiropractors treat shoulder pain using a package of care that may include manual therapies, exercise, therapeutic advice and postural advice.

There is evidence to support this approach to patient care:

- Vermeulen HM, Rozing PM, Obermann WR, LeCessie S, Vliet Vieland TP. Comparison of high grade and low grade mobilisation techniques in the management of adhesive capsulitis of the shoulder randomised controlled trial *Phys Ther* 2006 Mar; 86(3): 355-68
- Van den Dolder PA, Roberts DL. A trial into the effectiveness of soft tissue massage in the treatment of shoulder pain. *Austr J Physiotherapy* 2003; 49(3): 183-8

## **CERVICOGENIC HEADACHES**

Chiropractors acknowledge that there are many causes of headaches. Where they are related to dysfunction in the cervical spine, there is evidence to show the benefit of spinal manipulation. Headaches of this nature can be unilateral or bilateral and are often located in the back of the head and above the eyes. They are mild-moderate in intensity. Certain activities and posture can worsen the headache, including sustained head position or external pressure over the cervical spine or occipital region.

Chiropractors treat cervicogenic headache using a package of care that may include manual therapies, exercise, acupuncture, therapeutic advice and postural advice.

There is evidence to support this approach to patient management:

- Bronfort G, Nilsson N, Haas M, Evans R, Goldsmith CH, Assendelft WJJ, Bouter LM. Non invasive physical treatments for chronic/recurrent headache (review). *Cochrane Database of Systematic Reviews* 2004 issue 3.

## **TENSION HEADACHES**

Chiropractors acknowledge that there are many causes of headaches. Tension headache is defined as a headache that is pressing/tightening in quality, mild-moderate in intensity, bilateral in location and does not worsen with routine physical activity.

Chiropractors treat tension headache using a package of care that may include manual therapies, exercise, therapeutic advice and postural advice.

There is evidence to support this approach to patient management:

- Bronfort G, Nilsson N, Haas M, Evans R, Goldsmith CH, Assendelft WJJ, Bouter LM. Non invasive physical treatments for chronic/recurrent headache (review). Cochrane Database of Systematic Reviews 2004 issue 3.

## **MIGRAINE HEADACHES**

Chiropractors acknowledge that there are many causes of headaches. Migraine headaches are recurrent/episodic moderate or severe headaches which are usually unilateral, pulsating, aggravated by routine physical activity and are associated with nausea, vomiting, photophobia or phonophobia.

Chiropractors treat migraine headache using a package of care that may include manual therapies, exercise, therapeutic advice and postural advice.

There is evidence to support this approach to patient management:

- Bronfort G, Nilsson N, Haas M, Evans R, Goldsmith CH, Assendelft WJJ, Bouter LM. Non invasive physical treatments for chronic/recurrent headache (review). Cochrane Database of Systematic Reviews 2004 issue 3.

## **WEAR AND TEAR**

Wear and tear is the phrase commonly associated with musculoskeletal degeneration of the body. These may include excessive loading on joints, age-related conditions such as osteoarthritis, or post traumatic reactions to injuries such as fractures or dislocations. In such cases the additional stresses on tissues often cause pain and dysfunction.

Chiropractors manage such conditions using a package of care that may include manual therapies, acupuncture, exercise prescription and onward referral when indicated. These are accepted interventions for this form of musculoskeletal disorder and are commonly used by regulated healthcare professionals specialising in manual therapy, including chiropractors, osteopaths and physiotherapists.

## **ARTHRITIS**

The term arthritis covers a wide range of conditions involving damage and/or inflammation of the joints of the body. These conditions may variously involve pain, swelling or stiffness. There are over one hundred different types of arthritis and broadly, these can be categorised into inflammatory or non-inflammatory in nature. The most common is osteoarthritis, a non-inflammatory condition caused by degeneration or trauma.

In referencing arthritis on my website, It can be seen that it was made clear that I was referring to osteoarthritis as the sentence reads "This can also be called arthritis, osteoarthritis, spondylosis, degeneration, spinal decay or degenerative joint disease.". Osteoarthritis may also be commonly referred to as Degenerative Joint Disease, Spondylosis, Rheumatism and Wear



and Tear. In managing this condition I make no claims to cure or permanently alleviate symptoms in fact it is specifically stated “... chiropractic cannot reverse these changes...”. I acknowledge that there are degrees of severity of osteoarthritis, some of which require onward referral to other health professionals.

Once identified as such, osteoarthritis can be managed by a variety of means depending upon the location and severity. Care options that are open to chiropractors include manual therapies (which may include manipulation), acupuncture, home exercise, supervised exercise, lifestyle advice or orthoses. Chiropractors are qualified to diagnose this condition and determine appropriate treatment strategies for effective symptom relief and functional improvement.

## **SPORTS INJURIES**

On my website I made reference to the treatment of sports injuries. These can best be defined as musculoskeletal conditions arising secondary to sporting or athletic conditions. Chiropractors manage sports injuries by undertaking a full assessment, performing a physical examination and utilising diagnostic imaging where appropriate.

Chiropractors treat sports injuries using a package of care that may include manual therapies, exercise, rehabilitation and therapeutic advice. They may also use supports and orthotics as indicated.

As musculoskeletal specialists, chiropractors have expertise in this field of care and utilise interventions which are common to other health professions providing care in this area. It therefore follows that there is a substantial evidence base to support the application of physical modalities to the treatment and rehabilitation of sports injuries.

## **PREGNANCY**

On my website I made reference to the treatment of pregnancy. What is written in the text is that this relates to the chiropractic treatment of musculoskeletal disorders secondary to pregnancy.

Chiropractors commonly treat musculoskeletal disorders associated with pregnancy. During pregnancy, the additional stresses on the body caused by the developing foetus often manifest themselves as back and pelvic pain. Musculoskeletal conditions associated with pregnancy include sacroiliac joint dysfunction and symphysis pubis dysfunction. Chiropractors are well qualified to deliver care of the pregnant woman by using a range of interventions.

Chiropractors treat back pain in pregnancy using a package of care that may include patient education, postural advice, manual therapies, acupuncture, exercise prescription and onward referral when indicated.

Evidence for this approach includes the following:

- Vleeming A, Albert HB, Ostgaard HC, Sturesson B, Stuge B. European guidelines for the diagnosis and treatment of pelvic girdle pain. *Eur Spine J* 2008 Jun, 17(6): 794-819
- Lisi AJ. Chiropractic spinal manipulation for low back pain of pregnancy: a retrospective case series. *J Midwifery Womens Health*. 2006 Jan-Feb; 51(1): e7-10

- Stuge B, Laerum E, Kirkesola G, Vollestad N. The efficacy of a treatment program focusing on specific training exercises for pelvic girdle pain after pregnancy: a randomised controlled trial. *Spine* 2004 Feb 15; 29(4): 351-9

## **SPRAINS**

A sprain is defined as an injury to a joint where the ligaments are carried beyond their normal range of motion without dislocation or fracture. They can be graded depending on the degree of damage sustained to the ligament. Typically, joint sprains fall into the category of musculoskeletal injuries. Chiropractors, particularly those treating sports-related injuries, manage sprains in athletes and others using traditional manual therapies.

Chiropractors manage ligament sprains using a package of care that may include patient education, preventative strategies, manual therapies, acupuncture, exercise prescription and onward referral when indicated. They are often involved in the process of rehabilitation and may work alongside other healthcare professionals in delivering effective care strategies.

There is evidence available to support this treatment approach:

- Hepperets MD, Verhagen EA, van Mechelen W. Effect of unsupervised home based proprioceptive training on recurrences of ankle sprain: a randomised controlled trial. *BMJ* 2009 Jul 9; 339: b2684.
- Handoll HH, Rowe BH, Quinn KM, de Bie R. Interventions for preventing ankle ligament injuries. *Cochrane database Syst Rev.* 200; (3): CD000018

## **TENNIS ELBOW (LATERAL EPICONDYLITIS)**

Tennis elbow involves a chronic inflammation of the lateral epicondyle (the distal extensor attachment of the humerus). It may arise secondary to sport-related injuries or chronic repetitive injury. Pain is experienced on the outer aspect of the elbow and is aggravated by repeated activity.

Chiropractors treat tennis elbow using a package of care that may include manual therapies, ergonomic advice in the workplace, electrotherapy, acupuncture, use of supports and onward referral when indicated.

There is evidence to support this approach to patient care:

- Bisset L, Paungmaili A, Vicenzino B, Beller E. A systematic review and meta-analysis of clinical trials on physical interventions for lateral epicondylalgia. *Br J Sports Med* 2005; 39:411-422
- Bussieres AE, Peterson C, Taylor JA. Diagnostic imaging guideline for musculoskeletal complaints in adults – an evidence based approach – part 2: upper extremity disorders. *J Manipulative Physiol Ther* 2008 Jan;31(1):2-32

## **CARPAL TUNNEL SYNDROME**

Carpal tunnel syndrome is defined as compression of the median nerve as it passes through the carpal tunnel in the wrist.

Chiropractors treat carpal tunnel syndrome using a package of care that may include manual therapies, ergonomic advice in the workplace, advice on splinting and onward referral when indicated.

While the evidence for manual therapy is inconclusive, there is evidence for other interventions listed:

- Verhagen AP, Karelis C, Bierma-Zeinstra SM, Feleus A, Dahaghin S, Burdorf A, DeVet HC, Koes BW. Ergonomic and physiotherapeutic interventions for treating work-related complaints of the arm, neck or shoulder in adults. A Cochrane systematic review. *Eura Medicophys*. 2007 Sep; 43(3): 391-405.
- Jarvik JD, Comstock BA, Kliot M, Turner JA, Chan L, Hegarty PJ, Hollingworth W, Kerrigan CL, Deyo RA. Surgery versus non-surgical therapy for carpal tunnel syndrome: a randomised parallel group trial. *Lancet* 2009 Sep 26; 374(9695): 1074-81

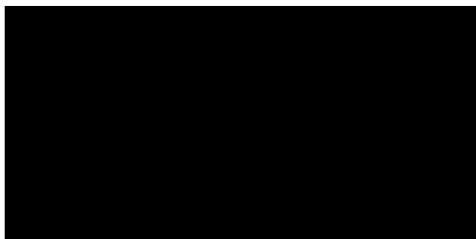
16. In his letter, Mr Henness suggests that I may encourage potential patients to become reliant on chiropractic and as such this is a breach of C1.3 of the Code of Practice. I would make the point to the Investigating Committee that I am well aware of my responsibilities under the GCC's Code of Practice and I can categorically state that I always ensure that my patients are informed of their specific options in relation to their healthcare. In the spirit of C1.3 of the GCC's Code of Practice, I do not and have never encouraged patients to become dependent on chiropractic care provided in my clinic.

## CONCLUSION

17. I would submit to the Investigating Committee that there has been no breach of the Code of Practice or Standard of Proficiency. In relation to the alleged breach of Section C1.6 of the Code of Practice, I deny that the materials used on my website were inconsistent with the law or guidance issued by the Advertising Standards Authority.
18. Whilst Mr Henness alleges that there may have been a breach of Code of Practice C1.3, he has not produced any evidence which demonstrates that I have encouraged patients to become dependent on chiropractic care in my clinic. I therefore refute this allegation.
19. I invite the Investigating Committee to review the words used on my website. I have repeated what the GCC has stated in their own leaflet for a number of conditions. At no time was there any intent to mislead or abuse the trust of members of the public and, in promoting evidence based care, I considered my actions were consistent with my obligations. I would also point out that the Advertising Standards Authority has no jurisdiction over websites.
20. Taken at its highest, I do not consider that my conduct, which has led to my website being included in a series of complaints made by Mr Henness to the GCC, could constitute unacceptable professional conduct. I take my obligations as a chiropractor seriously and have always provided evidence based care to my patients.

21. In consideration of the above, I would invite the Investigating Committee to conclude there is no case to answer in respect of the matters under consideration.

Signed

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Date

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