1. The HCP who carried out the PIP assessment reported (**p175 of the bundle**) that Mrs X was” well nourished”

8.1 The HCP has not been helpful because she did not measure Mrs X’s height, or weight, even though the assessment was carried out at an assessment centre.

* 1. The HCP does purport (for example) to have accurately measured Mrs X’s shoulder external abduction (70 degrees). I simply ask whether the HCP used a protractor to measure the angle of Mrs X’s shoulder abduction but on the other hand did not have a set of scales or a tape measure to measure Mrs X’s waist or had the means to measure Mr X’s height.
	2. The HCP who carried out the previous PA4 report stated that Mrs X was “average build” (**p57 of the bundle**). The HCP did no measure Mrs X’s height or weight, but purported to accurately measure Mrs X’s left hip flexion (80 degrees)
	3. It is arguable that HCP’s should not be using vague terminology such as “well nourished “or “average build” without defining what is meant by such terms
	4. According to the Adult Obesity Health Survey (HSE) for England 2014, the average Body Mass Index (BMI) for men and women is 27.2kg/m2. I will concede that the average person in England is overweight given that the accepted threshold for being overweight is a BMI of more than 24.9 kg/m2.
	5. Mrs X informs me that she is 5’3” (1.6m) tall and she weighs 137Kg This means that her BMI is 53.5Kg/m2. The NHS considers that Mrs X is very obese
	6. If average build is taken to be synonymous with a BMI of 27.2Kg/m2 and Mrs X weighed around 137Kg at the time of the assessment it then becomes clear that the HCP underestimated Mrs X’s weight by over 67Kg
	7. I will be generous to the present HCP and assume for the sake of argument that “well nourished” is not synonymous with a BMI of 27.2 Kg/M2 but is synonymous with the bottom end of the World Health Organization’s (WHO)’s obese category. It is clear that even if I make that concession, the current HCP underestimated Mrs X’s weight by over 60Kg
	8. **I suggest that this gross inaccuracy undermines the credibility of both reports report and that** (**contrary to what the Respondent asserts at S4(8) page K of the Response where she asserts that “***I consider the Health Professional’s report is objective and accurately reflects Mrs X’s ability to complete the Daily Living and Mobility Activities”* ) **a couple of simple measurements cast grave doubt on those findings**