



4 July 2024

Physiotherapy clinical assessment

Name Paul Sparrow

Date of birth 31 March 1972

Claim number 58402275/00

Employer Jarred Alm Plumbing

Job title Plumber

Date of injury 11 April 2024

Injury area Right ankle

Date of assessment 1 July 2024

Copies of report to

Paul Sparrow, Alkira-Sinae Curry, Jamie Phillips, Hamley Bridge Medical Centre

Report by

Toby Moen Physiotherapist Form Physiotherapy

177 Gilles Street Adelaide SA 5000

Direct 0423 223 766 and Office 0434 294 209

E. toby@formphysiotherapy.com.au

Clinical impression/diagnosis

I elected to leave right ankle assessment until a later date. Paul was receiving gold standard physiotherapy for his post ankle fracture rehabilitation through Physioactive SA. I felt that his other lower limb and lower back symptoms were more valuing of my assessment and recommendations.

Paul had a long term history of bilateral knee and lower back problems. He explained that prior to his right ankle fracture, his level of functional capacity was quite high. This included multiple heavy tasks at work and on his property in Linwood on the Light River. Pre-injury he undertook recreational physical activity that included jogging around the local oval, walking the dogs and riding motorcycles (including off road touring).

In my view, there was a pattern of diffuse increased joint sensitivity of the lower limbs. This was evidenced with knee extension overpressure, which tolerated 11-13kg of pressure. A non-painful knee typically achieves a score over 20kg and often more than 25kg. Lumbar range of motion was not too negatively effected, with slight limitation on trunk extension and rotation.

Endurance was evaluated with 1 minute sit stand test, where Paul managed 17 reps in one minute. A reasonable target would be a score of 40 repetitions or better. This will come with injury recovery and reconditioning after a period of relative rest.

Recommendations

I think that Paul will benefit from a program that assists normalisation of his movement routine. This will need to be graded to allow for relatively comfortable reintroduction of activity. The goal is to use this formal exercise activity to bridge the gap back into nourishing normal life activity (jogging, , work, yard work, motorbikes, walking for fitness, etc).

I am confident that Paul's knee and lower back pains will settle significantly as he gets back into a routine of movement. The tricky part is getting from his current state of being sore and encumbered, through the first steps of loosening up.

There is a great gym at Freeling, at the FARM centre. I recommend a gym membership here. Paul will be able to utilise a program prescribed by the team at Physioactive. If Paul needs some help to run through the program in the gym, I can arrange an exercise physiologist to attend with him for 2-3 sessions.

I understand that Paul is due to commence hydrotherapy at the Starplex facility. I am in great support of this. I think once per week will be sufficient. Especially so as to reduce unnecessary travel time. With the Freeling gym closer to his house, he can attend there more regularly.

I provided Paul with some ideas for back and knee stretches. I asked him to pass these by his treating physiotherapist, Jamie Phillips, before adding them into his home program. I explained that it is best to have one person that is coordinating exercise prescription. That way, the overall load of the rehabilitation can be considered.

I will touch base with Paul in two weeks. I may bring Paul back in for a follow up assessment in 6-8 weeks time. I will determine this based on its likelihood to improve his recovery trajectory.

The following is an email that I sent to Paul with a summary of the exercise recommendations I provided. I also took videos of these exercises on Paul's phone for his reference.

"

Back stretches:

Standing wall extension stretch:

Forearms on a wall

Toes about 20 cm from wall

Gently move tummy toward the wall

Relax yourself as much as possible into the movement

To make the stretch harder, move feet back from the wall

To make the stretch easier, move closer to the wall

Aim for a 1-2/10 super mild stretch intensity

Aim for 5 minutes per stretching interval

30 minutes per week (6 times per week)

Prone laying extension stretch:

This is typically a progression to the wall stretch

Lay on your tummy propped on your elbows

Aim to find a mild 1-2/10 stretch related discomfort

You can do this on your bed if getting on and off the floor is tricky to begin with

Use folded blankets/towels/cushions under your pelvis/groin to make the stretch easier

Gradually reduce this support until you are laying with your pelvis/groin straight on the floor

Later, you can progress by moving the folded blankets under your forearms.

Aim for 30 minutes per week (i.e. 5 minutes x 6/wk)

Knee stretches:

Extension stretch:

Tie down strap + weighted extension stretch

Start with 5kg in the bag/strap for 10 minutes each leg

3 days per week

The stretch discomfort should be kept in a mild range, again a 1-2/10 intensity

Flexion stretch:

This is a more challenging stretch and you may take a few weeks to get good enough to start it

Foam roller + 3 towels rolled around it

Use duct tape or gaffer tape to hold the towels in place

Slowly reduce the circumference by removing a towel at a time

10 minutes of super gentle stretch

"

Relevant history

The injury occurred with a ankle inversion mechanism. There was one week between injury and the moon boot. He wore the moon boot for five weeks. Paul weaned off the moon boot and out of it completely from two weeks prior to this assessment.

Work role:

General Plumbing

Permanent full time

Had stepped down to 4 days per week to 'lighten the load on my body'. Paul made that change around Christmas time late last year

Pain and symptoms

Right ankle symptoms:

- Tender around the lateral ankle
- Medial calcaneal region at the insertional zone of Abductor hallucis
- Medial Achilles area and medial gutter behind the talocrural joint
- Anterior joint line of the talocrural joint

- No relevant neurological symptoms

Other painful areas:

Right knee:

- Anteromedial knee joint line
- 3 arthroscopies
- Previous hamstring graft ACL repair

Left knee:

- Long term deficient ACL
- 3 arthroscopies and advice for future need of a knee replacement

Lumbar:

- Understands 'bulging discs' at L3-L5
- Localised low lumbar pain typically worse on the left side

Right wrist/shoulder/elbow:

- Wrist fractured couple of years ago with surgery with Dr Andrew Saies

Left arm:

- Previous surgery to remove bursa and fragments and resulting ulnar nerve palsy resulting from the surgery

Difficulties:

Right ankle:

- Walking up slopes was particularly difficult
- Down stairs
- Walking distances
- Carrying wood for fire

Treatment to date:

Seeing Jamie Phillips at Physioactive. Paul said his program included:

- Grabbing the towel with toes
- Knee to wall stretch
- Calf raises
- Active range of motion for circumduction movements
- There was most likely additional exercises in the program.

Dr Gavin Shepherd:

Paul recalled that Gavin recommended:

An ankle brace for more challenging life/work activity during his rehabilitation period

Hydrotherapy

Paul's closest pool would be Starplex which is about 30 minutes each way.

Exercise equipment at home:

Nil

Road bike on a trainer:

Has this available at home

Paul found this was a bit challenging for his knees and back.

Relevant medical history

Approximately 2018, gutter fell and knocked Paul from a ladder while he was three rungs up. The resulting problems were related to both knees and lower back. No surgery resulted immediately following the fall. Paul did have left knee surgery some time later through the public system with Dr Andrew Comley.

Hypothyroidism.

Medications

Thyroxin 150mcg every morning

Paracetamol

Mental health

Struggling a bit with post-injury recovery. He also explained the unknown of the future relating to his injury recovery and future work capacity.

Sleep

6-7 hours

Disrupted because of pains (mainly left knee difficulties)

Diet

Paul said that his diet was 'alright'.

Smoking/alcohol/non-prescription drugs

Nil cigarettes

Nil alcohol

Family/social/community life

Near Hamley Bridge called Linwood on Light River.

Pre-injury activities around the block that Paul lives:

Mowing

Wipper snipping

Cutting wood

Gutter cleaning

Walking the dogs - throw/hit a tennis ball in the bottom paddock (2 x Jack Russells)

Revegetation around the block

+ others

Motorbikes:

Yamaha T7 (Tenere 700)

CRF450

DR650

Posty scooter

Typical weekend:

Overnight camp (ie.e. Hawker and some of the Flinders)

Motel/cabin

Tent, air mattress

Day trips

Physical and recreational activity**Physical activity:**

Pre-injury:

Jogging

Laps around Hamley Bridge oval - up until fractured it - little shuffle - to keep moving.

Patient Specific Functional Scale (PSFS)

0 = can't do the activity

10 = can do the activity at the same level as before the injury/problem

3/10 1. 1.5 hours of wippersnipping (30 mins), mowing (30 mins), wood cutting (30 mins)

3/10 2. Walking 20 minutes non-stop on smoothish gravel

0/10 3. 5 day bike trip with camping

0/10 4. Jog around Hamley Bridge Oval

0/10 5. Using ladders

1/10 6. Dragging hydrojet hoses/reels

3/10 7. carry 6m length of pipe on even well lit ground

Total = 10/70

Physical and functional assessment

Informed consent was completed both verbally and written prior to commencement of the physical assessment. See appendix one for details. These tests are in the order that they were completed.

I elected to assess knee and lower back function. Please see further reasoning in the clinical impression and recommendations sections.

Knee range of motion

Passive flexion

was measured in supine, recorded as centimetres from heel to buttock at a mild discomfort. I also recorded the kilograms applied to the shin to achieve the position.

Left 27cm heel to buttock with 5.4kg applied at the lower shin

Right 20cm heel to buttock with 5.3kg applied at the lower shin

Passive extension

In supine with the heel raised on a yoga block, measured with a long arm goniometer

Left was lacking 2 degrees full extension and tolerated 13kg of additional overpressure applied at the tibial tuberosity

Right was lacking 3 degrees full extension and tolerated 11.8kg of additional overpressure

applied at the tibial tuberosity

Standing trunk range of motion

Flexion was 7cm fingertips to toes

Extension measured with a digital inclinometer at L1 was 45 degrees

Lateral flexion measured fingertip to the floor, was left 53cm and right 51cm

Rotation measured with long arm goniometer was left 47 degrees and right 48 degrees

1 minute sit to stand test

Paul achieved 17.5 reps, with a rate of perceived exertion of 4-6/10 and numeric rating scale for pain of 4-5/10.

Grip strength was 50kg equal on both left and right sides.

End of report.

Yours sincerely,

Toby Moen

Appendix 1

Consent Form

Your Medical Information

Your personal information is protected by law - including the Privacy Act 1988 - and is collected by Form Health Pty Ltd to enable us to provide allied health and rehabilitation services. The information we collect is required for us to perform these services.

Your information may be used by our treating team or our administrative support staff. Your information may be shared with your treating health practitioners, your case manager and insurer or case management firm, or other third parties - e.g. your employer - where it is required to deliver or manage services. You can get more information about the way in which we will manage your personal information by viewing our Privacy Policy at formphysiotherapy.com.au/privacy.

Consent to disclose medical information

I give consent for Form Health Pty Ltd to disclose any relevant information about my medical conditions to members of my healthcare team, staff of any insurance body or case management firm funding my care, or other relevant parties - for example, my employer - if required as a part of my rehabilitation

or treatment or for the management or administration of my claim.

The Assessment

Prior to this assessment, my clinician explained the nature and process of the independent clinical assessment and I gave my consent to proceed.

I understand that the outcome of the assessment will be a report, sent to the referrer and/ or other stakeholders, that will include any or all of the information discussed and obtained during the assessment. In this way, I understand that the information discussed will be disclosed. I provide my consent for Form Health Pty Ltd to disclose medical information to all parties involved in my recovery, return to work and compensation process.

I provide my consent to complete a physical assessment, and have disclosed any reasons I may be unsafe to participate in physical activity to my clinician. My clinician has explained that the physical assessment has a very low risk of injury, but a moderate to high risk of transient symptom aggravation due to normal exercise-related soreness.

Finally, I understand every task I complete today is voluntary. It is my choice to proceed in this process and it is my right (and obligation) to tell my clinician to pause or end the assessment at any time I feel unsafe. I will provide clear verbal instruction to my clinician if I would like to stop testing at any stage, for any reason.