MARIA CHOUSTINA

inner blue
RELAX INDULGE ENJOY

Consultation Form - Notes

Name: Maria Choustina **Address:** 2/21 Woolwich St, Leederville.

DOB: 09/12/1938 Ph: 93804239

Notes Date of Rx - 8/11/2021

- Treatment booked by Maria's son, as she present (bi) shoulder (P) - particularly (L) / (R) occasionally
- Maria has an extensive medical Hx, forms & details attached.
- She has been refered to Murdoch University for a management plan (also attached), however, according client she has been discharged
- client well communicative, but always referring to the shoulder (P).
- Did send Initial consultation form, but client did not fill - hence this form.

Initial Reason for treatment: (Bi) Shoulder pain

Health conditions / symptoms

- Hx attached in previous doctor visit
- Medication list attached
- Recent Imaging results (most recent) US + X-ray attached.
- spent a 50% of treatment explaining how massage could help her but not substitute medical Rx

Physical Ax:

- client can mobe and it is independent, but due to her age is slow
- Shoulder AROM is limited due to pain / same as PROM
- Neck AROM WNL
- No neuro signs / neurodynamics could not be performed
- No contraindications
-

Rx - Gentle upper back / shoulder & neck Rx for 30min only. Today it was a very hot day 40° & client refused to put airconditioning on so only did 30min

Dx Rotator cuff tendinopathy 31/10/2018 w/ cortisone injection (no date specified)

Formal Consent:

I understand that the services received today, Massage Therapy are provided for basic purposes of relaxation, stress reduction and muscular tension. I further understand and any aspects relating to this treatment today should not be construed as substitute of any medical examination, diagnoses, or treatment of any manner. The treatment provided today do not take place of medical treatment where needed. If you are in doubt please consult your doctor or physician.

Date: 8th Jan 2021

Name: Maria Choustina

Signature:

CHOUSTINA, MARIA
UNIT 2/21 WOOLWICH STREET, LEEDERVILLE, WA, 6007
Birthdate: 09/12/1938 Sex: F Medicare Number: 6132184015
Telephone: 93804239
Your Reference: Lab Reference:
Addressee: DR GK TAN Referred by: DR GK TAN
Name of Test: XRAY + U/S LEFT SHOULDER +/- INJ Reported: 01/11/2018 08:37
Requested: 20/09/2018 Collected: 31/10/2018
Laboratory: Perth Radiological Clinic - Electronic Radiology Reports

PRC Patient ID: GFE737Z

Clinical Details: Rotator cuff tendinopathy plus minus subacromial bursitis.

XRAY LEFT SHOULDER

Findings: There severe degenerative changes in the glenohumeral joint and mild degenerative changes in the AC joint.
Acromion morphology is type II and there is a medium-sized anteroinferior acromial spur.
No rotator cuff catheter location.

Comment: Severe OA in the glenohumeral joint.

ULTRASOUND LEFT SHOULDER

Findings: There is a high-grade partial/probable full-thickness tear of the supraspinatus tendon that measures 18 mm AP by 9 mm mediolateral.
Infraspinatus and subscapularis tendons are intact.
Long head biceps tendon is intact.
Marked fluid distension of the subacromial bursa. Bursal impingement occurs during abduction.

Comment:
High-grade partial/probable full-thickness tear of the supraspinatus tendon.
Marked fluid distension of the subacromial subdeltoid bursa.

I explained the findings to the patient. The shoulder symptoms could be due to the rotator cuff pathology/bursitis, shoulder OA, or a combination of the two. I offered to inject both the subacromial bursa and glenohumeral joint to which she agreed.

ULTRASOUND-GUIDED INJECTION LEFT SUBACROMIAL BURSA AND GLENOHUMERAL JOINT

Procedure:
Under sonographic guidance the subacromial bursa and joint have been injected with 1 ml of Kenacort A40 and 4 ml of 0.5% Marcaine.
No immediate complication.

Thank you for referring Mrs Choustina

Yours sincerely,

DR RODNEY BUTLER
Perth Radiological Clinic - SUBIACO

CHOUSTINA, MARIA
UNIT 2/21 WOOLWICH STREET, LEEDERVILLE, WA, 6007
Birthdate: 09/12/1938 Sex: F Medicare Number: 6132184015
Telephone: 93804239
Your Reference: Lab Reference:
Addressee: DR GK TAN Referred by: DR GK TAN
Name of Test: XRAY + U/S LEFT SHOULDER +/- INJ
Requested: 20/09/2018 Collected: 31/10/2018 Reported: 01/11/2018 08:37
Laboratory: Perth Radiological Clinic - Electronic Radiology Reports

PRC Patient ID: GFE737Z

Clinical Details: Rotator cuff tendinopathy plus minus subacromial bursitis.

XRAY LEFT SHOULDER

Findings: There severe degenerative changes in the glenohumeral joint and mild degenerative changes in the AC joint.
Acromion morphology is type II and there is a medium-sized anteroinferior acromial spur.
No rotator cuff catheter location.

Comment: Severe OA in the glenohumeral joint.

ULTRASOUND LEFT SHOULDER

Findings: There is a high-grade partial/probable full-thickness tear of the supraspinatus tendon that measures 18 mm AP by 9 mm mediolateral.
Infraspinatus and subscapularis tendons are intact.
Long head biceps tendon is intact.
Marked fluid distension of the subacromial bursa. Bursal impingement occurs during abduction.

Comment:
High-grade partial/probable full-thickness tear of the supraspinatus tendon.
Marked fluid distension of the subacromial subdeltoid bursa.

I explained the findings to the patient. The shoulder symptoms could be due to the rotator cuff pathology/bursitis, shoulder OA, or a combination of the two. I offered to inject both the subacromial bursa and glenohumeral joint to which she agreed.

ULTRASOUND-GUIDED INJECTION LEFT SUBACROMIAL BURSA AND GLENOHUMERAL JOINT

Procedure:
Under sonographic guidance the subacromial bursa and joint have been injected with 1 ml of Kenacort A40 and 4 ml of 0.5% Marcaine.
No immediate complication.

Thank you for referring Mrs Choustina

Yours sincerely,

DR RODNEY BUTLER
Perth Radiological Clinic - SUBIACO

G. K. TAN PTY LTD

ABN 79 009 117 453

DR G. K. TAN
Provider Number: 0171464L

6 Bayley Street, Dianella 6059
TEL: (08) 9275 4747
FAX: (08) 9375 8022
drgktan@bigpond.com

03/03/2020

To: Australian Asian Association

re. **Mrs Maria Choustina**
Unit 2 21 Woolwych St
Leederville. 6007

Mrs Maria Choustina is using several non-prescription items recommeded by me - Voltaren Osteogel ,Benefibre, Immune system support, Multivitamins, Sensodyne toothpaste, dental floss., Dermal dry skin cream.

Her current medications are:

Betamethasone Valerate 0.05% Cream	Apply Daily
Ezetrol 10mg Tablet	1 Tablet Daily
Frusemide 20mg Tablet	1 alt daily Twice a day
Neo-B12 1mg/mL Injection	1 Injection For doctor's use
Nitrolingual Pumpspray 400mcg/dose Spray	one spray
Normison 10mg Tablet	1 Tablet Before bed
Norspan 5 5mcg/hr Transdermal Patch	1 Patch Once a week
Saflutan 15mcg Eye drops	1 drop Before bed Right side
Sevikar 40/10 40mg; 10mg Tablet	1 Tablet Daily
Somac 40mg Tablet	1 Tablet Daily
Symbicort 200/6 200mcg;6mcg/dose Turbuhaler	One puff
Trandate 200mg Tablet	1 Tablet Daily

Allergies:
Not recorded.

Past Medical History:

	Mild aortic valve stenosis
	Amblyopic left eye
	Hypertension
	Lumbar spondylosis
1985	Oophorectomy and hystrectomy
1998	Gastric erosions
2000	Glaucoma
2002	Osteoporosis
2003	Cancer left bresat and lumpectomy
2003	Hiatus hernia and reflux
28/11/2009	Gastroscopy -reflux oesophagitis
24/09/2015	Left greater trochanteric bursa injection
02/2017	Fatty liver

MURDOCH UNIVERSITY
PERTH, WESTERN AUSTRALIA

ICL Pty Ltd
T/A Murdoch University
Chiropractic Clinic
Car Park 7, South Street
Murdoch WA 6150
Telephone: 08 9360 1202
Facsimile: 08 9360 1203
A.B.N. 58 107 431 050

Management Plan for CHOUSTINA, Maria

Strategy	Note	Personnel
Psychosocial considerations (Yellow Flags: cogni	Cognitive factors are considered medium because patient is dealing with chronic pain, she cannot find the relieve for her condition, however she is coping well, wants to get better and is not catastrophising his condition Affective factors considered medium because patient does not show any signs of depression, anxiety, stress, fear however she is worried, and frustrated about her condition and does not think it will get better. Social factors are low because patient is satisfied with quality of his life, he has a good family support, happy with his work and life activities.	Ksenia Zolotukhina
Work considerations (blue/black flags)	Not applicable, patient is retired.	Ksenia Zolotukhina
Lifestyle considerations	Psychosocial history: Sleep: sleep is irregular taking sleep medications Exercise: no exercise, however she is going to the shopping centre far away from home, so she can move a little bit more. Depression/Anxiety: no Alcohol: no Smoking: no Recreational drugs: no Employment: retired, used to be nurse, in cardiological clinic	Ksenia Zolotukhina
	CO-MORBIDITIES: multiple comorbidities, please refer to the last medical history section. FAMILY HISTORY: Family history: Asthma: No Arthritis: No Osteoarthritis: No Osteoporosis: No Cancer: No Diabetes: No Hypertension, heart disease, stroke: No Anxiety/Depression: No Mental illness: No Endocrine: No Auto-immune: No Inherited diseases: No	

MURDOCH UNIVERSITY
PERTH, WESTERN AUSTRALIA

T/A Murdoch University
Chiropractic Clinic
Car Park 7, South Street
Murdoch WA 6150
Telephone: 08 9360 1202
Facsimile: 08 9360 1203
A.B.N. 58 107 431 050

Management Plan for CHOUSTINA, Maria

Strategy	Note	Personnel
Diagnosis (specific/non-specific)	DIAGNOSIS: Left Rotator cuff tendinopathy with sub acromial bursitis and associated sterno-clavicular and glenohumeral dysfunction. According to x-ray of the left shoulder from 01/11/2018: Severe OA in the glenohumeral joint. Ultrasound of the left shoulder identified: High-grade partial/probable full thickness tear of the supraspinatus tendon. Marked fluid distension of the subacromial subdeltoid bursa. DDx frozen shoulder Non-specific cervico-thoracic spine dysfunction with associated myofascial pain syndrome and associated degenerative changes. Left sacroiliac joint dysfunction with associated degenerative changes in lumbo-pelvic region, degenerative changes in the left femoro-acetabular region, with associated myofascial pain syndrome.	Ksenia Zolotukhina
Stage of disorder (acute/subacute/recurrent/chr	Chronic – Persistent stage of disorder.	Ksenia Zolotukhina
Pain features (Type/Characteristics/Sensitization	TYPE: Nociceptive – pain that arises from actual or threatened damage to non-neural tissue and is due to the activation of nociceptors. Pain occurs with a normally functioning somatosensory nervous system. Short lasting and stimulus-response coupled. Nociceptive (inflammatory) – pain that could be associated with acute tissue damage, infection or inflammatory conditions as RA Neuropathic – pain caused by a lesion or disease of the peripheral somatosensory NS. (tingling, burning, stabbing, radiculopathy, neuritis, neuralgia) Nociplastic – pain arising from altered nociception despite no clear evidence of actual or threatened tissue damage causing the activation of peripheral nociceptors, or evidence for disease or lesion of the somatosensory system causing pain. (eg. Fibromyalgia, IBS, interstitial cystitis and tension type headache) I would suggest that his patient has mixed type of pain – a combination of various pain types (eg. Nociceptive and neuropathic pain in an individual with LBP and painful lumbar radiculopathy or neuropathic pain combined with functional pain *(sciatic and irritable bowel or dysmenorrhea or fibromyalgia) Mechanical type of pain with medium sensitization.	Ksenia Zolotukhina

ICL Pty Ltd
T/A Murdoch University
Chiropractic Clinic
Car Park 7, South Street
Murdoch WA 6150
Telephone: 089360 1202
Facsimile: 089360 1203
A.B.N. 58107431 050

MURDOCH UNIVERSITY
PERTH, WESTERN AUSTRALIA

Management Plan for CHOUSTINA, Maria

Strategy	Note	Personnel
Lumbo-pelvic examination: Minor's Sign: Positive L-Spine Extension and Rotation left: Positive L-Spine Extension and Rotation right: Positive Thigh Thrust left: Positive Thigh Thrust right: Negative Sacral Thrust: Positive Patrick's FABER left: Positive Patrick's FABER right: Negative 90-90 SLR Test left: Positive 90-90 SLR Test right: Positive Ober's Test left: Positive Ober's Test right: Positive Rectus Femoris Test left: Positive Rectus Femoris Test right: Positive Thomas Test left: Positive Thomas Test right: Positive Modified Thomas Test left: Positive Modified Thomas Test right: Positive Stork: One Leg Standing Lumbar Extension right: Positive Stork: One Leg Standing Lumbar Extension left: Positive DeJerine's Triad: Unremarkable Straight Leg Raise right: 70 degrees with hamstring tightness Straight Leg Raise left: 60 degrees with hamstring tightness Lumbar spine Active ROM: global decrease ROM Details of spinal palpation: L-Spine and Pelvis: Right SIJ restriction (PIEx) with pain upon palpation of the medial SIJ border Details of myofascial palpation findings: L-Spine and Pelvis: hypertonic lumbopelvic musculature bilaterally including QLs and glut med, min and max Lumbar spine Passive ROM: global decrease ROM		
Red Flags / Cautions	Please refer to the previous health history.	Ksenia Zolotukhina

T/A Murdoch University
Chiropractic Clinic
Car Park 7, South Street
Murdoch WA 6150
Telephone: 08 9360 1202
Facsimile: 08 9360 1203
A.B.N. 58 107 431 050

MURDOCH UNIVERSITY
PERTH, WESTERN AUSTRALIA

Management Plan for CHOUSTINA, Maria

Strategy	Note	Personnel
	Thoracic spine examination: Thoracic spine Active ROM: Global decrease in TS ROM Thoracic spine Passive ROM: Global decrease in TS ROM Thoracic spine Resisted ROM: Global decrease in TS ROM Details of spinal palpation: Thoracic spine: Global loss of extension and rotation T2-T12 Dermatomes normal: Yes Thoracic spine Observation findings: increased thoracic kyphosis Hip examination: PROM IR less or equal 25 degrees left: Yes Active hip flexion creates lateral hip pain left: Yes Active hip extension creates lateral hip pain left: Yes FADDIR: anterior labrum left: Positive Log roll left: Positive Patrick FABER test left: Hip: Positive Patric FABER test right: Hip: Negative Squat aggravates pain: Yes Left and right shoulder examination: Details of joint palpation findings: Shoulder: L C5 dermatome- decrease in sensitisation, decrease rotation of the left sterno-clavicular joint Decrease motion in glenohumeral joint globally with pain on palpation at the anterior aspect of the head of humerus, pain on palpation at the left sternoclavicular joint and left acromioclavicular joint. Pain on palpation of the inter tubercular grove of the left humerus. Shoulder Passive ROM: Severe L LF, LRot, L ext rot and moderate RRot decrease Shoulder Observation findings: Visual waiting of the left deltoid muscle, in comparison to the right. Shoulder Active ROM: Severe L LF, L Rom external rotation of the shoulder moderate decrease and moderate RRot decrease Posterior Apprehension Test left: Positive Load and Shift Test posterior left: Positive Compression Rotation Test left: Positive Biceps Load Test I left: Positive Biceps Load Test II left: Positive Speed's Test left: Positive Active Compression of O'Brien Test left: Positive ER Resistance Test left: Positive ER Resistance Test right: Negative Empty Can Test left: Positive Empty Can Test right: Negative Painful Arch left: +ve 20 degrees to pain	

MURDOCH UNIVERSITY
PERTH, WESTERN AUSTRALIA

ICL Pty Ltd
T/A Murdoch University
Chiropractic Clinic
Car Park 7, South Street
Murdoch WA 6150
Telephone: 08 9360 1202
Facsimile: 08 9360 1203
A.B.N. 58 107 431 050

Management Plan for CHOUSTINA, Maria

Strategy	Note	Personnel
Individual's perspective & problem summary (hx	Vital signs Blood Pressure: BP: 162/80mmHg Temperature: 36.8°C Respiratory rate: 12bpm Pulse rate: 72bpm Height: 145m Weight: 65kg Observation findings: General: moderate to severe anterior head carriage, increased thoracic kyphosis, the patient has "slumped" posture Posture and Gait: The patient appears well and afebrile with mild difficulty initiating gait. C5-T1 Left Dermatomes Normal: No [C5 sharp sensation is affected, patient can only feel dull] [Aug-2019] C5-T1 Left Myotomes Normal: No [all myotomes of the left leg graded as 3] [Aug-2019] L4-S1 Right Reflexes Normal: No [L3/4 Brisk 3+; S1/S2 absent bilaterally] L4-S1 Left Reflexes Normal: No [S1/S1 absent bilaterally] The rest of the dermatomes, myotomes and reflexes are within normal limits. Client goals and expectations related to chief complaint: to relieve the pain in the shoulders and lower back Orthopaedic examination: Cervical spine: Cervical spine Active ROM: L Rotation 10 degrees, LLF is moderately reduced Cervical spine Passive ROM: L Rotation 10 degrees, LLF is moderately reduced Cervical spine Resisted ROM: weak with no pain Brachial Plexus Tension Test: Radial N. Bias left: Positive Brachial Plexus Tension Test: Radial N. Bias right: Positive Brachial Plexus Tension Test: Ulnar N. Bias left: Positive Brachial Plexus Tension Test: Ulnar N. Bias right: Positive Brachial Plexus Tension Test: Median N. Bias left: Positive Brachial Plexus Tension Test: Median N. Bias right: Positive C-Spine Rotation <60 degrees left: Yes C-Spine Rotation <60 degrees right: Yes Palpation Segmental Tenderness: C-Spine: positive at C6/7 and C-Spine Extension and Rotation left: +ve C-Spine Extension and Rotation right: +ve Details of myofascial palpation findings: Cervical spine: hypertonic right suboccipital with sharp pain upon palpation hypertonic levator scapulae bilaterally Cervical spine Observation findings: moderate to severe anterior head carriage, increased cervical lordosis Details of spinal palpation: Cervical spine: C7 moderately restricted movement in Bilateral rotation, lateral flexion and extension	Ksenia Zolotukhina

MURDOCH UNIVERSITY
PERTH, WESTERN AUSTRALIA

T A Murdoch University
Chiropractic Clinic
Car Park 7, South Street
Murdoch WA 6150
Telephone 08 9360 1202
Facsimile 08 9360 1203
A.B.N. 58 107 431 050

Management Plan for CHOUSTINA, Maria

Strategy	Note	Personnel
Strategy		

PRESENTING COMPLAINT:

The retired 80 years old patient presented with multiple chronic complaints.

Left shoulder
The major complaint is left shoulder pain for past 5 years. She was diagnosed previously with arthritis and osteoporosis of the shoulder and the condition was worsening. The pain is predominately in left anterior shoulder and aching in origin, the pain is radiating on the medial side above the shoulder. The patient has difficulty during movement of arm, she has difficulty lifting the hand to reach medications especially in the morning.
The shoulder pain is worse at night, and in the morning, she is waking up 3-4 times at night because of shoulder pain.
The patient is taking Panadol osteo 3x day which helps to relieve her pain. She went to physiotherapist couple of months ago and did Pilates and dry needling it was helping when she was doing through the treatment, however as soon she left the physiotherapist office, the pain was back. She also used heat packs and had steroid injection in September 2018 in her left shoulder.

Right shoulder
Right shoulder there is same type of pain for the past 4 months, relatively new to the patient, no radiation, just aching at the anterior aspect of she shoulders.

Neck pain
The patient has also noted that her neck is sore during the neck movements, the neck pain is aching and generally starting from the lower portion of the neck and radiating to bilateral shoulders. She does not report having headaches. 1 months ago, she fell over in the laundry and hit left side and in he left orbital region, she did not go to doctor, but she felt that she developed her neck pain after that incident.

Lower back complaint
After the fall she felt other pain in the LB, pain comes from the lower back and radiating to the right side of the groin. The radiation to the anterior knee and occasionally tingling below.
Left hip problem, had bursitis and had injection 3 years ago. Radiation from the bilateral lower back and whole leg, predominately on the lateral side above the knee. Difficulty squatting due to the bilateral knee pain.

ROS:

- General: 1 month ago, she fell in the laundry,
- HEENT: Left eye, glaucoma and cataract. (2x on the left eye operation)
- Cardiovascular/respiratory: angina in the mis ribcage about 3 times a months, during rest.
- GI/GU: gastritis and ulcers more than 10 years, heart burn often.
- Head/Neurological/Mental status: no changes
- Joints/muscles: bilateral knee pain and stiffness

Constitutional symptoms: has another hernia and when she is laying quickly she might have a sweat.

inner blue.
RELAX INDULGE ENJOY

Consultation Form - Notes

Name: Mona Choustina **Address:**

Extra Ax 8/1/2021

Notes

Dx - Rotator cuff tendinopathy - 31/10/2018
- Cortisone injection - 20 - No specified.

Hx migraine on-off.
Lots of medication
Back (L) - Hip (L) tft sometimes (R)
- no sleeping - 2hs per night. - sometimes sleep well 6hs ma
- digestion - always constipated
Main c/o Rom neck - neck stiffness
Neck F/E WNL; R (b) WNL. Lat Flex ↓ ROM
Shoulder L Rot cuff tendinopathy - see scans
(R) WNL - functional
neck/shoulder - no neuro signs
L ↓ strenght 4th finger can't hold fork.
neuro dynamic can't be performed due ↓ ROM.
Tx - tightness but Rom WNL
Ax - 2 (5)