freedom PHYSIOTHERAPY Castlemaine

26 Jun 2024

Dr. Alyssa Vass
Goldfields Medical Group
64 Lyttleton Street
Castlemaine VIC 3450
E: reception@goldfieldsmedicalgroup.com.au

Dear Alyssa,

Re: Eleni Rivers
DOB: 9 Aug 1953

Please see below for my updated letter for Eleni with amendments (in bold) that we discussed at our most recent session. Thank you.

Thank you for reviewing Eleni who presents with persistent left knee, left hip, lower back and neck pain.

I have been treating Eleni for the last couple of years for management of her degenerative neck and back pain and arthritic hip pain.

Her hip seems to have responded quite well to a GLA:D-based strengthening program that she completed regularly in the gym. And she is ordinarily able to walk 30-60 minutes daily without too much trouble.

Her lower back pain fluctuates and fits a stenotic pattern that is aggravated by extension activities such as prolonged standing and walking. She has full pain-free flexion range, and about half the expected extension range. **She has been complaining of left calf and posterior thigh pain and tightness with some associated left calf weakness only detectable on a single-leg heel raise**. **Her passive straight leg raise is symmetrical and unremarkable on both side, however her slump test is mildly tighter (0 degrees vs -10 degrees) on the left side indicating some degree of neural restriction**.

We have been managing Eleni's lower back pain with irregular manual therapy as needed as well as an independent stretching and mobility program. Her MRI Lumbar spine showed significant degenerative change throughout her lumbar spine, most pronounced at T11/12, L4/5 and L5/S1 with a sequestrated disc fragment. contacting the *right* L5 nerve root, **although this doesn't seem to match her left-sided symptoms.**

Her neck pain on the the other hand has been quite challenging. She has a persistent cervical and thoracic rotation restriction, and describes bilateral pain through her mid neck and upper trapezius that is persistent "always there" with no apparent aggravating activities . Last year we tried an intensive block pf physio for manual therapy, mobility and cervicothroacic strengthening that despite her diligence and compliance failed to change her pain significantly.

More recently Eleni has been suffering from left lateral knee pain since March this year. She doesn't recalling any inciting injury, but describes pain through the lateral joint line that is aggravated by walking > 10 minutes, end of range flexion and stairs. **She reports increased clicking in her knee, but no locking. She does report a giving way sensation and inability to stand on one leg, although I suspect this is likely pain and weakness related, rather than any true mechanical instability.** A recent MRI showed moderate degenerative change in the medial and patellofemoral compartments as well as a radial tear of the medial meniscus. However, neither of these match her pain location. Of note, there was moderate synovitis that extended into the lateral compartment, which I believe is most likely related to her current pain presentation.

During our physio session last week, we had a lengthy discussion regarding best management for Eleni's multiple areas of pain and agreed on the following plan.

1. Discussion with your self regarding a cortisone injection into her Left knee to reduce the likely synovitis-driven pain, with the option of follow-up Hyaluronic acid injections at three months if there is persistent pain. Of note, Capital radiology in Melbourne provide hyaluronic acid injections as a bulk-billed procedure, whereas the Bendigo clinics will charge the full amount.

2. If the left knee pain fails to improve with injection based therapy, then surgical consideration and second opinion with Mathew Evans at Melbourne Orthopaedic Group

3. Pain specialist clinic referral for management of her neck and lower back pain to explore interventional procedures. I have had good results working with both Michael Bassett at Evolution in Ballarat and Dan Bates at Metro Pain group in Melbourne.

4. Ongoing independent strengthening program for her left hip osteoarthritis

Eleni has been very diligent with her physiotherapy management to date, but of late her pain issues seem to be getting on top of her and limiting her ability to maintain an active lifestyle. Your support in finding a integrated solution to her pain would be greatly appreciated.

I thank you again for your involvement in Eleni's care. If you would like to discuss their case further, please feel free to contact me at brodie@freedom-physiotherapy.com or on (03) 4406 6777.

Kind Regards,

Brodie Doyle Jones
Physiotherapist
Freedom Physiotherapy Castlemaine