## Dr. Karen Holzer

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6 March 2025

Ms Lauren Sheridan 1160 Toorak Rd CAMBERWELL 3124

Dear Ms Lauren Sheridan,

Re: Richard Tremewen DOB:11/06/1973 Mobile:

Thank you for continuing to be involved in the management of Richard a 51 yrs old Male Timber Yard Owner/Manager who presented with a 6 month history of central to left sided lower back pain, the onset occurring whilst washing his car; he bent forward and his back seized. This occurred the day following a day trip to Mount Buller. Despite subsequent treatment with anti-inflammatory medications, the pain had failed to improve.

This occurs on the background of a 15 year history of recurrent episodes of lower back pain, the initial episode occurring in 2010, when Richard injured his lower whilst performing dead lifts in the gym. It took over 3 months for the pain to begin to improve, but failed to settle. Richard underwent 5 epidural injections between 2011 and 2014/15, each would offer 6 months relief. He subsequently dedicated himself to a "fitness program"; the pain then improved.

Examination revealed signs consistent the L3/4 and in particular, the L4/5 and L5/s1 levels with left L4 and L5 radicular pain. There was bilateral SIJ inflammation/degeneration. There was underlying left hip joint synovitis with labral/chondral degeneration and likely underlying FAI.. His lumbosacral spine and left hip joint were stiff with marked paravertebral, gluteal, iliopsoas and hip flexor muscle tightness. His core and gluteal muscles are weak.

A Lumbosacral revealed combined disc and facet joint degeneration at the L4/5 and L5/s1 levels with associated left subarticular and foraminal narrowing and impingement of the left L4 and L5 nerve roots. There is mild SIJ inflammation/degeneration.

A Left Hip MRI scan revealed moderate - high grade degeneration with underlying dysplasia.

We discussed treatment options and decided to proceed with:

1. Lumbosacral: short course of weaning prednisolone and subsequent NSAIDs combined with physiotherapy providing lumbosacral and left hip joint mobilisation

and soft tissue therapy together with the implementation of a number of longer term lifestyle modifications

2. Left Hip Joint: a course of viscosupplementation injections; a post injection management protocol was given.

I will review Richard in 3 weeks, to assess his lumbosacral spine and determine further management at that stage.

Thank you

Yours Truly

Dr Karen Holzer Sports Physician 202970NJ

All correspondence to be emailed or forwarded to PO Box 685, Invertoch 3996

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## Dr. Karen Holzer

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14 May 2025

Ms Lauren Sheridan 1160 Toorak Rd CAMBERWELL 3124

Dear Ms Lauren Sheridan,

Re: Richard Tremewen DOB:11/06/1973

Richard returned for review today of his lumbosacral and left hip joint related pain following:

- 1. Lumbosacral: weaning course of prednisolone and subsequent NSAIDs combined with physiotherapy and activity modifications
- 2. Left Hip: CT guided viscosupplementation injections into the hip joint

Although Richard's pain has improved, he continues to struggle with ongoing central lower back pain and stiffness, secondary to L4/5 and L5/s1 degeneration.

We discussed further treatment options, and will likely proceed with a CT guided L4/5 epidural and bilateral facet joint injections. However, Richard has planned a ski holiday in early July. We have thus decided to manage Richard's back conservatively prior to his upcoming holiday. I have provided Richard for a management plan for both his travel and ski days.

Richard is to return to his physiotherapy for lumbosacral and bilateral hip joint mobilisation and soft tissue therapy and review of his core and gluteal strengthening program. Ongoing deep soft tissue therapy from you with a particular focus on his paravertebral, gluteal, iliopsoas and hip flexor muscles.

I will review Richard on his return from hi ski holiday, to assess his clinical status and determine further management at that stage.

Yours Truly

Dr Karen Holzer Sports Physician 202970NJ

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