



NORTH
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September 14, 2022

Dr Chumki Majumder
Macquarie Medical Centre
Shop 45
197 Herring Rd
NORTH RYDE NSW 2113

Dear Dr Majumder

**RE: Ms Belinda Bean - DOB: 25/05/73
201/1A Orinoco St, PYMBLE NSW 2073**

Presenting Problems

- 1) Persistent right midfoot symptoms;**
- 2) Mixed features of local cause and referred pain.**

Plan

- 1) Repeat ultrasound guided corticosteroid injection given the previous response;**
- 2) Trial Endep 10mg at night;**
- 3) Continue to gradually progress exercise program;**
- 4) Phone call follow up in 2 weeks.**

I saw Belinda again today regarding her right foot. She continues to have pain from it which is somewhat atypical in nature. She previously had some response to the corticosteroid injection we performed to the lateral intercuneiform joint where she has some increased fluid on her MRI scan.

Given her persisting symptoms we proceed to a CT scan of the foot and I reviewed those images and report today. They are essentially normal.

I am still not entirely convinced that Belinda's symptoms have a completely local cause given the lack of pathology demonstrated on her imaging. Her clinical examination findings also reveal some increased neural tightness on that right side with a positive slump stretch and the pain in her foot can be provoked and relieved with different amounts of straight leg raise and knee flexion. In saying that, she did seem to get a definite response to the corticosteroid injection.

Based on all of this I have discussed the options with Belinda and we have decided to trial a combined approach of repeating the corticosteroid injection and also trialling a course of Endep 10mg at night to try and treat any neuropathic component of the pain.

After discussing the potential risks and benefits, I proceeded to inject 0.8ml Celestone and 0.2ml 2% Lignocaine into both the medial and lateral intercuneiform joint. This was performed under direct ultrasound guidance with no complications. I have given Belinda a prescription for Endep. She will continue to slowly build up her walk/jog program as I see no reason why we should be limiting her activity, other than guided by any increase in her symptoms.

I note Belinda has had intermittent lower back pain and did have some degenerative changes at L4/5 approximately 8 years ago that were identified. One potential differential here would be referral into the L5 dermatome and so if we were really not starting to see some progress over the next month or two, then we could consider re-imaging her lumbar spine.

I plan to have a chat with Belinda in a couple of weeks to check on progress and go from there.

Kind Regards,

dictated and edited but not signed by Dr James Lawrence

Dr James Lawrence
Sport & Exercise Physician
BMedSci BMBS FACSP
Provider No. 418615CF

*Please note North Sydney Sports Medicine uses
Healthlink - EDI nthsydsp*

North Sydney Sports Medicine acknowledges the Cameraygal people of the Eora Nation as the traditional custodians of the land on which we are fortunate to work and live, and recognise their continuing connection to land, water, and community.

cc: Ms Belinda Bean, 201/1A Orinoco St, PYMBLE NSW 2073