



Mr Reece Sher BAppSc, BMedSc, MBBS(Hons), FRACS(Neurosurgery), PFET(Spine)

Neurosurgeon, Spine Surgeon

Suite 8.2, Lvl 8, 124 Grey St, East Melbourne 3002 (Epworth Freemasons) Provider Number: 6034274K

Additional suites Hawthorn East | Malvern | Coburg | Heidelberg | Knox | Telehealth

P 03 7038 3555 F 03 8456 6368 W <https://drreecesh.com.au> E admin@drreecesh.com.au

ARGUS correspondence reecesh@argus.net.au | HealthLink EDI drreeces

29/08/2022

Dr Melanie Stephenson
Cabrini Malvern Emergency Department
183 Wattletree Road
MALVERN VIC 3144

Dear Melanie,

RE:

Mr Francois Clark DOB: 03/12/1951
13 Spring Street, MALDON VIC 3463 0414 789 448

Presenting Problem:

1. Acute right shoulder pain, likely muscle tear, for further investigation & treatment.
2. Mild chronic neck pain and severe spinal stenosis with flattening of the spinal cord without apparent myelopathy, for further investigation & conservative treatment.
3. Chronic lower back pain, likely facet arthropathy for CT SPECT study whilst here, known to Mr. Leon Lai and Mr. Ivan Bhaskar, for further follow-up with local neurosurgeon. He has also been referred to Professor Tony Goldschlager.

Thank you for your referral of Francois to the Cabrini Hospital Emergency Department. He was admitted under my care as the On-call Neurosurgeon.

Francois is a 70 year old gentleman, who presents with a 6 week history of right-sided shoulder burning pain. This is in the context of gardening and further exacerbated by some painting 3 weeks ago. He was seen by your kind self and initially managed with conservative treatment. With persistent symptoms, an ultrasound was performed demonstrating bursitis as well as rotator cuff tear. He had an ultrasound-guided bursal injection without benefit. He was referred to a physiotherapist, who was concerned about a blunted right bicep jerk and I understand an MRI was organised, however, due to his concerns about claustrophobia this was arranged to be done under sedation and is still pending. With ongoing unrelenting symptoms, he has now been referred to the Emergency Department for further evaluation and management, particularly in the context of his multiple severe medicinal allergies to numerous analgesics and opioids.

Francois reports that he has severe burning pain localised to the right shoulder. There is some radiation to the interscapular region. He reports some possible numbness at the Sergeant's Patch area (C5) and some altered sensation around the lateral aspect of his forearm to a small patch of skin there and his thumb (C6). He denies any other neuropathic symptoms, weakness, bowel/bladder dysfunction, fine motor skill disturbance or balance issues.

He has a past history of a lumbar laminectomy with initial good response. However, he had subsequent

flare-up of his back pain requiring inpatient admission to Jessie Macpherson Private Hospital and a protracted rehab program. He reports ongoing lower back pain since then. He was diagnosed with facet joint arthropathy and had temporary relief with an L3/4 facet joint block. This was under the care of Mr Leon Lai. A second opinion was requested and sought from Associate Professor Tony Goldschlager, however, the patient moved residence to Maldon and reportedly saw a local neurosurgeon there, Mr Ivan Bhaskar. A CT SPECT study has been arranged and is still pending.

He has also been seen by Mr Lai in the past for his cervical stenosis and OPLL. This was felt to be asymptomatic without clinical evidence of myelopathy and a conservative approach was recommended.

His other past history is significant for ischaemic heart disease with 4 x stents, and multiple severe allergies. Otherwise, he is independent, active and relatively fit.

Examination

Francois was alert, oriented, and appeared well. There was no apparent motor deficit to examination. Sensation was possibly reduced at the right Sergeant's patch and to a focal region at the lateral aspect of her forearm. However, on repeat assessments, this was less certain. The right bicep jerk appeared to be blunted initially, however, on repeat examination this was 2+ and normal. Instead, the left bicep jerk was brisk at 3+, resulting in pathological spread to the left hand and fingers. The brachioradialis jerks were absent bilaterally as were the tricep jerks. Hoffman's test was negative bilaterally. There was no fine motor skill compromise. He had minor dysmetria (with the eyes closed only), left greater than right. There were no cerebellar signs. There was no pronator drift. Romberg's test was negative.

Lower limb examination revealed normal reflexes at the knee jerks and ankle jerks. There was no clonus and plantars were downgoing.

Tone was normal in the upper limbs and lower limbs.

Shoulder examination revealed normal range of motion. There was no tenderness at the bicipital groove and minimal tenderness at the subdeltoid bursa. There was focal severe tenderness at the posterior aspect of the shoulder joint. A further rotator cuff assessment today was unremarkable.

Investigations

He has had a CT cervical spine performed demonstrating the chronic OPLL in the sub axial spine as well as multilevel advanced foraminal stenosis.

Impression, discussion and recommendations

Francois likely has a localised right shoulder pathology.

His MRI under sedation has been brought forward to be performed during this admission. I will also add an MRI of the right shoulder for further evaluation. I have also asked Pain Physician, Dr Peter Keogh, to see him. In addition to that, he has asked for a CT SPECT study to be done whilst here and I will add on a shoulder study to that as well.

I have asked our Physician, Dr. Lani Shochet from Dr. Malcolm Cunningham's Group, to kindly be involved with his care.

I shall keep you informed of his progress and investigation findings. I have copied you into the results.

I have recommended Francois to follow up with his prior neurosurgeons for further care after his discharge. Thank you again for your kind referral.

Kind regards,
Mr Reece Sher

cc:

A/Prof Leon Lai, Sir John Monash Private Hospital , 1/212-220 Clayton Rd, CLAYTON VIC 3168

Cabrini Malvern Medical Records, 183 Wattletree Road, MALVERN VIC 3144

Dr Ivan Bhaskar, Suite 8 / Level 1 , 59 Victoria Parade, FITZROY VIC 3065

Dr Peter Keogh, Dr Keogh, Cabrini Malvern, 181-183 Wattletree Road, MALVERN VIC 3144

Mr Francois Clark, 13 Spring Street, MALDON VIC 3463

Dr Hussein Rabia, Lyttleton Street Medical Clinic, 64 Lyttleton Street, CASTLEMAINE VIC 3450

Dr Lani Shochet, 198 Wattletree Road, MALVERN VIC 3144

This letter is written both as a courtesy and to assist in the assessment and management of a referred patient.

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