

North Shore Health Hub 7 Westbourne Street St Leonards NSW 2065 ph: 02 9966 4700

fax: 02 9966 4733

E: reception@nssmc.com.au

July 9, 2025

Dr Shawn Teo 10 Dale Street BROOKVALE NSW 2100

Dear Shawn

RE: Miss Fleur Cooper

DOB: 26/09/07 Phone: 0422 778 000

Email: tafhcoop@gmail.com

I reviewed Fleur today with her mother regarding her recent calcaneal bone stress injury and blood test results.

Patient's Complaint:

- Irregular menstrual cycle with recent changes in duration. Elevated prolactin levels. Facial Acne flare in recent months.

History:

- PMHx: History of bone stress injuries (shaft of femur, tibia, calcaneus)

Examination:

- Blood tests:
- Full Blood Count: Normal.
- Glucose: Normal (fasting).
- Liver Function Tests: Normal.
- Kidney Function Tests: Normal, urea slightly elevated, suggestive of mild dehydration.
- Calcium and Parathyroid Hormone: Normal
- Iron levels: Excellent (Ferritin 93). (> 50 recommended in athletic individuals)
- Vitamin D: Excellent (125). (> 75 recommended in athletic individuals)
- Thyroid hormones: Normal.
- Female sex hormones (oestrogen, progesterone): Slightly low but close to normal range for

luteal phase; improving.

- Growth hormone: Normal.
- IGF-1: Normal.- Cortisol: Normal.
- ACTH: Normal.
- Prolactin: Still elevated, in low thousands. (Counselled that stress during blood draw can elevate prolactin as discussed with Dr Shrosbree).
- Testosterone: Not elevated.
- Sex Hormone Binding Globulin (SHBG): Slightly lower, indicating higher free testosterone.
- BHCG: Negative.

Assessment:

- Elevated prolactin possibly related to stress from venipuncture, requires further investigation with rest.
- Irregular menstrual cycle showing normalisation with reduced exercise, suggesting stress or exercise load as a contributing factor (was 5.5 weeks, now 3.5 weeks with no training)
- Hormonal profile: Mildly low oestrogen/progesterone improving, high normal free testosterone due to low SHBG.
- Potential Polycystic Ovary Syndrome (PCOS) based on elevated free testosterone and reported symptoms (facial acne, irregular periods).
- Foot pain: Resolved, no pain for over a week, no boot use for over two weeks.

Management Plan:

- Endocrinology referral: Follow-up with endocrinologist Dr Julia Shrosbree on 20/08/2025 to discuss elevated prolactin. She may order a resting prolactin test (cannula insertion, 30-minute rest, then blood draw).
- Skin/PCOS management:
- Topical cream: Duac (antibiotic + benzoyl peroxide) script provided. Apply thin layer to face at night, keep in fridge. Start day on, day off due to potential drying. Expect improvement within two weeks.
- Oral antibiotic: Doxycycline discussed as an option if Duac is insufficient. Counselled on sun sensitivity.
- Diet modification:
- Reduce processed carbohydrates (white pasta, white rice). Encourage brown rice, chickpea pasta, and other alternatives.
- Encourage good fats, meat, vegetables, dairy.
- Consider dairy alternatives (soy milk, nut milks with added calcium) if dairy irritates skin.
- Hydration: Emphasised importance of increased water intake.
- PCOS possiblility to be discussed further at consutl with Dr Shrosbree
- Exercise plan for foot:
- Reintroduction of running: Two sessions/week for 2-3 weeks, starting with walk-jog for 30 seconds for 12-18 minutes per session.
- Cross-training and gym activity can resume.

- Follow-up: Reassessment of exercise plan and overall progress in 2-3 weeks. Contact if any new or worsening symptoms.

With kind regards,

DR SAMANTHA POMROY

Sport & Exercise Medicine Physician

MBBS FACSEP (Bachelor of Medicine/Bachelor of Surgery)

Ba. App. Sci (Physiotherapy)
Provider no: 465659GX

Please note North Sydney Sports Medicine uses Healthlink - EDI nthsydsp

cc: Miss Fleur Cooper, tafhcoop@gmail.com

cc: Elizabeth Steet, Specialist Sports Physiotherapist

cc: Mr Ben Liddy, Central Physio & Performance Fitness, Suite 1, Ground Floor, 418A Elizabeth Street, Surry Hills NSW 2010