Painless

Medical Care Plan (MCP)
Progress Report

January 09, 2023

CONCERNING THE CARE OF:

Raymond Morrison

19-Aug-1985

40 Toledo Cct, Port Kennedy WA 6172, Australia

ATTENTION TO:

Dr Douglas Kingwell

Perth Orthopaedics

Perth WA, Australia

AUTHOR:

Dr Ravi Agrawal

Pain Specialist

ADDITIONAL RECIPIENTS

Douglas Kingwell, Perth WA, Australia

QBE

A Assessment

A.1 Pain & Medical History

PAIN HISTORY & EXAMINATION

PAIN ONSET & DURATION

Raymond presented with right ankle pain due to a workplace injury in February 2022. He has been using conservative management. Pain is present all the time with pain flare ups. It is throbbing and constant with pins and needles sensations. He has colour changes in his right foot, with no sweating changes, but it feels warmer and swollen. There are no hair changes but nails are more brittle. Pain is limiting his physical activities. His sleep is disturbed due to pain. He can do his ADLs, goes to the gym twice a week, and goes to the physio through Absolute Balance

Raymond feels sad, angry and frustrated. He does have thoughts of self-harm, but states his wife and children are his protective factors. He attends People Sense for workplace counselling once a fortnight, and utilises Beyond Blue. He has been seeing his psychiatrist Dr Glen Meggs and is booked to see him again next month. He takes Desvenlafaxine 50mg mane and sees his GP to manage this. He is not currently working and on workers' compensation. He doesn't smoke, drink or use recreational drugs

He has previously been on Vyvanse and Sertraline but these didn't go well. He currently takes Panadol osteo, pregabalin (75mg nocte but not having an effect), tramadol (this makes him sleepy) and has tried lignocaine patches for 3 days. He also takes Vitamin C 1000mg BD. Outside of pain, he takes Ciclosporin (been on for around 9 years) for his psoriasis

PREDOMINANT PAIN LOCATIONS

Right Shin
Left Knee
Right ankle

HISTORY & EXAMINATION NOTES

Right foot
Swollen, red, allodynia present

PSYCHOSOCIAL CONSIDERATIONS

Raymond had a difficult childhood and diagnosed with complex PTSD. He moved from the UK to Australia
He lives with his wife of 6.5 years who is very supportive as well as his kids

MEDICAL HISTORY & DIAGNOSES

CONDITIONS

AITFL Tear
ATFL Tear
CTF Sprain
Depression
Anger
ADHD
Complex PTSD

ALLERGIES

Lactose Intollerant
Pineapple

DASS-21 ASSESSMENT

28-Sep-2022	Depression Score	Extremely Severe	16
	Anxiety Score	Extremely Severe	16
	Stress Score	Extremely Severe	19

MEDICATIONS

CURRENT MEDICATIONS

Pregabalin. 75mg, once daily (night)
paracetamol SR (Panadol Osteo). 2 X 665mg, four times daily
Ciclosporin. 100mg x 2, twice daily
tramadol. 100mg quick, once daily (night)
ibuprofen (Nurofen). For night time
desvenlafaxine (Pristiq). 50mg mane - through GP
lignocaine patches. 5%.
lyrica (Pregabalin). 75mg BD.
tapentadol. 50mg IR PRN.
clonidine. 25 mcg 3-4/day prn

CEASED MEDICATIONS

Sertraline. Ceased due to side effects
Dexamphetamines. Ceased due to side effects
Vyvanse. Ceased due to side effects

MULTIDISCIPLINARY CARE

Physiotherapy (rehab). Current intervention. Somewhat helpful.
Physiotherapy (massage). Current intervention. Helps with swelling.
Psychologist. Past intervention. Somewhat helpful.
Psychiatrist. Current intervention. Helpful.

A.2 Progress Report

No additional progress notes recorded.

A.3 Concerns & Investigations

NEW & PERSISTING CONCERNS

Raymond still has significant pain in his right ankle. He also describes flare ups and feels like these "rip his muscles apart", with the pain being burning and stabbing in nature. He is trying to do his exercises as much as he can. He sees an OT and a Physio at Painless which are helping him.
His sleep is disturbed is due to pain. For his mood he feels to be frustrated, and he does have thoughts of self harm, but says he has no intent and states his family as a protective factor. He lives with his wife in a supportive environment. He is not working at present, and is presently on work cover.
He has seen his psychiatrist a year ago and is going to see him again soon. He has been put on Duloxetine 60 mg mane (on for about 3 weeks) and recently stopped desvenlafaxine by his GP. He is still taking pregabalin 150 mg nocte, clonidine 25 mcg PRN, lignocaine patches 5% (these are helping him) and Palexia 50 mg IR PRN.

RECENT INVESTIGATIONS

PATHOLOGY, IMAGING AND DIAGNOSTIC PROCEDURES

CT 3/3/22: no fracture. suspected injury AITFL, ATFL thickened.
US 11/3/22: high grade to full thickness tear of AITFL. Full thickness tear of ATFL. Moderate sprain CFL.
Xray 29/3/22: normal syndesmosis
MRI 30/3/22: complete AITFL tear
Xray 8/6/22: periarticular osteopenia
MRI 20/7/22: as above with diffuse patchy marrow heterogeneity representing disuse related change or CRPS. Mild perneus brevis tenosynovitis

ASSESSMENT OF INVESTIGATIONS

INTERPRETATION

Right Ankle Pain - Neuropathic Pain with psychosocial overlay

B Care Plan

B.1 Goal-based Care Plan

FUNCTIONAL GOAL: **ONE**

1 **Able to chase after kids**

\+ INTERVENTION
Begin: Physiotherapy
Pain education, pacing, GMI, graded exercise program

\+ INTERVENTION
Begin: Occupational Therapy
Adjustment to injury counselling, schema-based approach to trauma-focussed therapy, pain CBT

FUNCTIONAL GOAL: **TWO**

2 **Go hiking**

\+ INTERVENTION
Begin: Physiotherapy
Pain education, pacing, GMI, graded exercise program

\+ INTERVENTION
Begin: Occupational Therapy
Adjustment to injury counselling, schema-based approach to trauma-focussed therapy, pain CBT

FUNCTIONAL GOAL: **THREE**

3 **Feel like me again**

\+ INTERVENTION
Begin: Psychology
Pacing, pain education, sleep support, mood support

\+ INTERVENTION
Begin: Occupational Therapy
Adjustment to injury counselling, schema-based approach to trauma-focussed therapy, pain CBT

B.2 Medical Care Plan

MEDICATIONS & SUPPLEMENTS

Begin: lyrica (Pregabalin). morning dose 75mg.
Increase dose: clonidine. 50 mcg tds/prn.

CARE PLAN NOTES

Continue with multidisciplinary care plan approach including the physiotherapist and occupational therapist.
I would like his GP to expedite an appointment with his psychiatrist.
Continue with Duloxetine 60 mg mane.
Continue with Lignocaine patch 5%.
Start morning dose of Lyrica 75 mg mane, continue with night dose of 150 mg nocte.
Increase clonidine to 50 mcg tds/prn.
Future option - LDN
Review in 6 weeks.

Author

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www.painless.health/team/ravi-agrawal

Ravi's passionate curiosity about chronic pain has driven him all over the world, studying anesthetics, pain medicine and minimally-invasive pain procedures.

His special interests include persistent widespread pain, fibromyalgia, abdominal and visceral pain, gut health and gastrointestinal pain conditions, inflammatory pain and complex conditions.

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SIGNED BY
Dr Ravi Agrawal, Provider Number: 5284904L

***** This report has been written in consultation with **Dr Stephanie Davies**, Pain Specialist, MBBS FANZCA FFPMANZCA, Provider Number: 4530852J.