

HERVEY BAY HOSPITAL

SPECIALIST CLINICS - ORTHOPAEDICS

Dictated: 02.06.05

Typed: 09.06.05

SC/ph

Dr R Senior  
PO Box 1124  
HERVEY BAY QLD 4655

Dear Dr Senior

RE: P 445 - HBH UR

I reviewed P 445 in the Outpatient Department at Hervey Bay Hospital on 2 June 2005. She has previously had 1<sup>st</sup> MTP fusions on each of her feet. She is very happy with the result on the left side, but is having some problems on the right side.

She was first seen in Orthopaedic Outpatients Clinic at Hervey Bay Hospital on 28 July 2003, with bilateral painful bunions and x-rays at that stage showed severe degenerative changes in the 1<sup>st</sup> MTP joint. Prior to this, she was a very keen dancer, but was having increasing difficulty dancing because of the foot pain. She had an arthrodesis of her left 1<sup>st</sup> MTP joint on 27 August 2003. She was treated with Warfarin post-operatively because of her strong family history of DVT and apparently a fatal pulmonary embolus. Things seem to have gone on to heal well without significant problems. Subsequently, on 27 July 2004, she had a right 1<sup>st</sup> MTP fusion. Again, this appears to have gone on to heal unremarkably, although she was subsequently noticed to have stiffness of the DOP joint on her right side.

The problem she is having with her right foot now, that she finds she is unable to dance, because she is unable to stand on the front of her foot with her ankle flexed. She says she also has difficulty driving because she cannot feel the toe, and also that she has very little movement in the IP joint of the toe. She says this particularly causes difficulty wriggling her foot into shoes et cetera. She does also report some low grade metatarsalgia from the right side and some symptoms suggestive of a mild trochanteric bursitis. She is still able to walk distances, but has some discomfort.

To examine, she has dorsal scars over the IP joints on each of her feet. AP alignment of the toes is satisfactory, her gait is asymmetrical, walking with some supination of her right forefoot, hind foot alignment is normal. She does have less extension at the IP joint on the right side than the left side, -10 - 75 on the right side, -5 - 20° passively, 5-10° actively. She has sensation in all areas of the toe, her EHL and FHL do appear to be functioning. There is a suggestion that on trying to passively fully flex her IP joint on the right side that there is some tethering at about the level of her EHL.

X-rays show her MTP joints fixed with plates and screws and going on to full union. However, there is a difference in position, the best lateral x-ray on the left side, which is not a perfect lateral, shows approximately 25° of extension at the IP joint, on the right side, which is a good lateral view, there is only about 5° extension.

Essentially, she has two problems; one is some functional limitation due to the lack of extension in the position in which the IP joint has been fused. I suspect her limitation of movement in the interphalangeal joint is due to tethering of her EHL, with resultant tenodesis. She does feel that she wants something done to improve her if possible, and I have told her that revising the fusion in her IP joint in a position of more extension, has a reasonable chance of improving her limitations.

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It is also possible to free the extensor tendon and debride the scar, which may give her more movement at the IP joint, but doing this there is an incidence of things re-scarring, and I have told her that it is not certain that she would necessarily end up with more of this movement. Overall though, she would like something to be done if possible.

Yours sincerely

(Dictated/Checked/Not signed)

Dr Scott Crawford  
Director of Orthopaedics  
The Prince Charles Hospital

Date Checked: 10.06.05

**HERVEY BAY HOSPITAL**

**SPECIALIST CLINICS - ORTHOPAEDICS**

Dictated: 25.08.05

Typed: 25.08.05

SC/ph

Dr R Senior  
PO Box 1124  
HERVEY BAY QLD 4655

Dear Dr Senior

RE: **p445** - **HBBH UR**

**p445** is now six weeks after her revision IP joint fusion. She is both clinically and radiologically solid. She does have about 0-20° of movement in the IP joint of her great toe and some active control which is a little more than pre-op; but I have referred her for physiotherapy to try and get this going. I have also discussed home management with her. I have not arranged to see her back at the clinic, but would be happy to do so at any stage if necessary.

Yours sincerely

(Dictated/Checked/Not signed)

**Dr Scott Crawford**  
**Director of Orthopaedics**  
**The Prince Charles Hospital**

Date Checked: 30.08.05