

MID-PROGRAM REPORT



Name: [REDACTED] Claim number: [REDACTED] Start date: 21/06/23

Medical History & Diagnosis: [REDACTED] presents with ongoing left knee pain and swelling following a medial meniscus tear while stepping off a safety ladder in a warehouse on 19/09/22. The tear resulted in significant knee pain, limited range of motion, and swelling. [REDACTED] underwent two surgeries to address the meniscus tear. The first surgery was performed in December 2022, followed by a second surgery in April 2023. Following the initial surgery, [REDACTED] returned to work duties prematurely, which may have contributed to the persistence of symptoms and delayed recovery. [REDACTED] has been engaged in physiotherapy sessions and a self-directed exercise program including hydrotherapy and land-based exercises aimed at improving strength, stability, and range of motion of the affected knee joint. [REDACTED] reports intermittent episodes of knee pain and swelling, particularly after prolonged periods of activity.

[REDACTED] has finished the second stage of the BOOST Recovery Program with her pain coach, Physiotherapist Julia Di Kang.

RECOMMENDATIONS

1. [REDACTED] to complete the final stage of the BOOST Recovery Program.

SIGNIFICANT PROGRESS ACHIEVED

These are noteworthy improvements that [REDACTED] has made in her recovery journey during her time in the BOOST Program to date:

FUNCTIONAL CAPACITY

- [REDACTED] has seen significant gains in her pain interference and intensity (see Appendix). This is excellent progress, and correlates with [REDACTED] reported increased function in a range of her goals.
- [REDACTED] demonstrates significant gains across most of her functional goals. She is now able to go grocery shopping in-person as needed (it had been over a year since this was possible for her).
- [REDACTED] reports she is now confident to attend a public swimming pool for self-directed hydrotherapy and her gym program.

WORK STATUS

- [REDACTED] work status remains unchanged to date based on GP recommendations.

OTHER MEANINGFUL CHANGES

- [REDACTED] has seen a considerable reduction in her anxiety and stress scores (see Appendix). They are now both within the low/normal range.
- [REDACTED] reports that she has seen a boost in her confidence, and as a result has felt able to significantly increase her social activity.

CURRENT BLOCKS TO PROGRESS

These are factors that are blocking [REDACTED] path to recovery, either self-reported or identified from her outcome measures. These are the things that must be managed well by [REDACTED] and her care team to support her recovery and get her back to living a full and active life. Some of these blocks may have been previously identified in [REDACTED] Pathfinder report.

MEDICAL

- [REDACTED] GI tract and kidney functions have been impacted by her intake of NSAIDs. [REDACTED] and her GP are monitoring her functions following an inpatient hospital admission for severe abdominal pain (wherein [REDACTED] compromised kidney function was also discovered).
- [REDACTED] reports ongoing nausea and fatigue and reports her GP has indicated this is likely related to her post-discharge medications.
- [REDACTED] is having ongoing blood tests and a gastroscopy to follow-up.

RECOVERY COPING SKILLS

- [REDACTED] reports some improvement in her overall sleep quality, however still reports cognitive, emotional and physical impact from poor sleep.

PROGRAM FOCUS AREAS

These are specific areas that [REDACTED] and her coach will focus on for her remaining time in the BOOST program:

SELF MANAGEMENT SKILLS & STRATEGIES

- Practice strategies from flare-up plan.
- Build on and improve sleep quality and quantity.
- Build on and improve stress regulation.
- Continue to re-engage with social connections beyond immediate family.
- Increase engagement with creative expression/ exploring interests.
- Continue and build on a regular physical activity routine.

FUNCTIONAL & WORK CAPACITY

- Continue gradual increase in office-based work hours with support from GP.

REPORTABLE OUTCOMES**CURRENT WORK STATUS**

- 5 days a week - 5 hours per day in the workplace and the remainder working from home and attending rehabilitation appointments. To be reviewed 9/8/2023.

CURRENT MEDICATION USE

- [REDACTED] reports the following changes to her medication usage, as follows:
 - Stopped ibuprofen (non-steroidal anti-inflammatory) 200mg x 2, three times per week. Due to impact on kidney function.
 - Stopped Paracetamol (basic analgesic) 500 mg x 2, three times per week.
 - Stopped Melatonin (supplement) 0.5mg on weekends as finding other sleep strategies more helpful.
 - Started Panadol Osteo (basic analgesic) 665mg x 2, twice a day, for 3 weeks.

COMMUNICATION WITH STAKEHOLDERS

- A copy of this report will be sent to [REDACTED] treating medical team.

THIS REPORT MARKS THE MID-POINT OF THE BOOST RECOVERY PROGRAM.

APPENDIX – BOOST Program Scoring

PATIENT SPECIFIC FUNCTIONAL SCALE

This scale is a self-reported, patient-specific measure, designed to assess functional change, primarily in patients presenting with musculoskeletal disorders including persisting pain. It is scored out of 10, a higher score indicating higher function.

Significant positive change
 Non-significant positive change
 No change

Activity	Intake	Mid-Program	End
Feeling calm and stress regulation	3	6	
Self-compassion	0	4	
Sleep	6	6	
Exploring interests	0	6	
Regular physical activity	1	5	
Average Score:	2	5.4	
Significant Progress:		Yes	

OUTCOME MEASURES

These outcome measures are based on scientifically validated scales that measure different parts of people's experience and coping with pain. These measures are taken three times in the program and they help to measure progress, target specific interventions, and identify any missing parts of evidence-based pain care. These measures are a standard group of tests used to measure outcomes in Australia's leading pain care programs.

Low / Normal range
 Moderate / Mid-range
 High / Severe range

Measure	Intake	Mid-Program	Final
Pain Intensity (average)	6	3	
Pain Interference	9	3	
DASS - Depression	6	4	
DASS - Anxiety	10	4	
DASS - Stress	24	8	
Pain Self-Efficacy	49	51	
Pain Catastrophisation	10	4	