

PATHFINDER 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 first stage of the BOOST Recovery Program with her pain coach, Physiotherapist Julia Di Kang.
- In the first four sessions, [REDACTED] and her coach have discussed pain neurobiology and started implementing pain lifestyle skills including sleep and stress regulation. [REDACTED] has diligently reviewed materials and put theory into practise with good effect.

RECOMMENDATIONS

We recommend that [REDACTED] progress to Phase 2 of the BOOST Recovery Program to build on current strategies targeted at regulating the automatic nervous system, reducing inflammation, and reducing symptom response to physical activity. This includes:

1. Improving sleep quantity and quality through building on existing sleep hygiene strategies and stress regulation techniques.
2. Improving stress regulation through building on current understanding of stress neurobiology, practising grounding and processing techniques, improving social connections, incorporating creative expression activities and starting a physical activity routine.
3. Building the above into daily and weekly routines in sustainable ways.

STRENGTHS

These are factors that will be helpful for [REDACTED] recovery, either self-reported, or identified in her medical reports and outcome measures:

- High pain and health literacy.
- Personal strength and dedication.
- [REDACTED] reports that previous treatments have been helpful, including surgery and physiotherapy.
- Positive previous experience with nervous system regulation techniques such as visualisation.
- [REDACTED] has already implemented sleep and stress regulation strategies with good effect.

CHALLENGES AND RISKS

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.

- [REDACTED] has been experiencing sleep disturbances, stress and anxiety throughout the past 6-9 months due to the injury and associated workplace challenges. Although the workplace challenges have now resolved, the stress chemicals and pathways are still active and interrupting her sleep and mood.
- This stress has resulted in restrictions in [REDACTED] capacity to engage in healthy behaviours such as social connection, creative expression and regular physical activities.

OPPORTUNITIES

There are many opportunities for change and improvement in [REDACTED] recovery pathway, listed below. Making these changes will not be a smooth and easy path, but based on a scientific understanding of pain and recovery, these areas should be addressed by [REDACTED] care team.

- Build on and improve sleep quality and quantity.
- Build on and improve stress regulation.
- Re-engage with social connections beyond immediate family.
- Engage in creative expression.
- Commence a regular physical activity routine.

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 18/7/2023.

CURRENT MEDICATION USE

- [REDACTED] reports taking the following medication if pain increases:
 - Paracetamol (basic analgesic) 500 mg x 2, three times per week.
 - Ibuprofen (non-steroidal anti-inflammatory) 200mg x 2, three times per week
- [REDACTED] takes the following to help her sleep on weekends: Melatonin (supplement) 0.5mg.

COMMUNICATION WITH HEALTH PROFESSIONALS

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

THIS REPORT COMPLETES THE PATHFINDER PHASE 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		
Self-compassion	0		
Sleep	6		
Creative expression	0		
Regular physical activity	1		
Average Score:	2		

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		
Pain Interference	9		
DASS - Depression	6		
DASS - Anxiety	10		
DASS - Stress	24		
Pain Self-Efficacy	49		
Pain Catastrophisation	10		