



The Hospital for Sick Children
REQUEST FOR CONSULTATION

1421 50
SYDNEY, LISA
9/10/24
17/11/20 F 97015389
HEGGEN, DOUGLAS MD

Requesting
Physician

Responsible Physician: Dr. Douglas Hedden (PRINT)

House Physician: _____

Service consulted: Neurology

Reason for consultation: Post-traumatic leg pain ? RSD

Please feel free to discuss results of consultation with patient/parents: YES _____ NO _____

Request notified by: _____ Date: _____ Time: _____

Consultant Physician

Consultant Physician: Dr. Daune MacGregor (PRINT)

House Physician: Dr. Trent Mizzi

Receipt of request: Date: March 6, 1998 Time: _____

Hx: 10 yr ♀ ± closed fracture of distal right tibia 3 wks ago, 2 days later go ↑ pain + unable to move toes which resolved ± splitting of cast. Recurrence of pain 2d later ∴ cast reopened → pressure spot dorsal surface (R) foot. New cast ± φ symptoms x 1 wk. 9 days ago awoke ± (R) leg + ankle pain → clinic → cast opened ± normal examination of leg → admitted for analgesia. 6 days began recurrent waves of severe (R) leg pain q/h lasting 30 min up to 60-120 min, worse @ night, never pain-free btw episodes. R MS Contin ± φ effect, also poor control ± IV Morphine. Bone scan + MRI (R) lower leg apparently normal. Epidural yesterday ± complete resolution of Sx but d/c'ed today d/t back pain. Today some mild discomfort (R) leg but not requiring Morphine.

PMHx unremarkable
φ neurological or psychiatric problems

Signed (Responsible MD only) _____ Date and Time: _____

PRINT NAME: _____ Follow-up Date: _____



The Hospital for Sick Children
REQUEST FOR CONSULTATION

1074-5 50
C. O'NEILL, LISA
9-102124
R7/11/20 F 97015389
KENTON, DOUGLAS MD

Requesting Physician

Responsible Physician: _____ (PRINT)

House Physician: _____

Service consulted: Neurology page 2/2

Reason for consultation: _____

Please feel free to discuss results of consultation with patient/parents: YES _____ NO _____

Request notified by: _____ Date: _____ Time: _____

Consultant Physician: Dr. Daine MacGregor (PRINT)

House Physician: _____

Receipt of request: Date: _____ Time: _____

O/E: alert, oriented, NAD, VSS, appropriate
 CN's II-XII (N) PEARL = good EOM, fundi (N).
 Upper extremities tone, power, sensation, DTR's (N).
 Cerebellar fxn normal - finger-nose test.
 (R) leg examined in 1/2 cast = anterior open:
 ↑ sensitivity to light touch anterior lower leg.
 Normal two-point discrimination, proprioception,
 vibration sensation. Able to move toes normally.
 Power @ ankle & knee not examined due to cast.
 Patellar reflexes (N), Achilles not tested.
 Toes downgoing using modified test to elicit response.
 Hair + skin same on both legs.

Imp: Essentially normal neurological examination.
 History and exam c/w Reflex Sympathetic Dystrophy
 successfully aborted by earlier epidural.
 Fit for discharge home. No further investigations.
 If pain recurrent, she needs aggressive pain
 management to prevent undesirable long-term sequelae.

Agree

D.L. MacGregor
 PRINT NAME: D.L. MacGregor

Trent Mizz R2

Date and Time: Mar 6/98

Follow-up Date: _____

Consultant Physician