Capital & Coast District Health Board
Ōpoko ki te uru hauora

Clinic Letter

Older Adults, Rehabilitation and Allied Health - Geriatrician
Home Visit

Date Seen: 04 May 2022

To: Dr Rebekah Lamb
Raumati Road Surgery
P O Box 2054
Raumati Beach
Paraparaumu 5255

Phone: 04 298 6807

Re: **SOLT, DAVID JEREMIAH**
17 PRINCETON ROAD
RAUMATI BEACH
PARAPARAUMU 5032

NHI: **DSQ8544**
DOB: ***08 November 1988***
Phone: 04 904 9705

Dear Rebekah

I saw David at your request following our discussion and he had his father present with him during the assessment. I visited him at home as he does not like to go out of the house because of his gait problems and the fact that he is very fatigued afterwards.

He was very pleasant and welcoming, and we went through some of his history. I reviewed his medical notes and had a general discussion with him and his father. My assessment was limited because he struggled with the impact of a full examination.

Both David and his dad feel that he is very much better over the last couple of months than he has been in the last four years. I understand from reading the notes (and he did not wish to discuss past diagnosis very much), that he had had a diagnosis of chronic fatigue syndrome when he was a university student.

He sounds like he was a highly-intelligent, well-organised man who was doing well at university and developed a set of symptoms which encompassed some of the symptoms of chronic fatigue but did not have the common autonomic features. He said he had not found the neurology and medical input very helpful. In relation to his present state, he had felt very unwell some weeks ago with nausea, but his appetite and symptoms has improved.

He said that he has been concerned regarding his balance and his gait for a number of years. On reflection, he feels he may have had some of these problems in childhood – a sense of difficulty in maintaining his balance and walking, although he obviously walked well and could ride a bike. His father, who was present, said he had not noticed any mobility problems.

He has some short-sightedness, he has never had any problems with dysarthria or word-finding, and he finds a number of activities such as watching TV or reading quite difficult.

He is married and his wife works full-time, so I did not have the opportunity to have a discussion with her today. She had been caring for him through the last few years when he had been at times often bed-bound, with major deterioration in mobility.

He describes his gait as being quite shuffling. There has been no tremor or particular stiffness, though he does describe an odd sensation in his trunk and his abdomen when trying to sit up and walk, which was difficult for him to characterise; it was not breathlessness or a tachycardia.

He has always been able to "click" his joints, but there was no clear suggestions of hyperextensibility or recurrent joint dislocation other than that described below..

Today, he looked well and he was very slim.

His hair was long and somewhat unkempt and he had a beard, but his speech was normal in intonation and articulation, the content of his conversation was normal and appropriate, and he did attempt to answer all my questions.

One salient fact on examination was that he clearly has had a dislocated shoulder. He says that he has had this for some time now possibly years. He did describe that he had had a clicking sensation in it over the years and he thinks that it has popped in and out once or twice for some time. Since the shoulder has been dislocated, his balance has been more impaired. He tends to hold his left arm (it is the left shoulder that is dislocated) in a position that is quite close to his chest wall. He certainly can bend his elbow, wrist and fingers.

He generally is a slim man with reduced musculature, but there was no obvious symmetrical or asymmetrical wasting or fasciculations. His reflexes were present. He found it very difficult for me to examine his joints. It is clear that he struggles to wash under his armpits and there is some dry skin over the areas that are obviously uncomfortable and he does not want washed. He found it difficult to stand up without a bouncing his body forward on the chair and then leaning forward and standing after being able to push himself upwards. He clearly has some quadriceps weakness, but distally his arms and legs appear to have normal movement for somebody who has very limited physical activity.

Continuing on from our assessment, it would appear that David has quite profound deconditioning and this was made worse when he dislocated his shoulder.

When I discussed this issue with him today, he is very apprehensive about the idea of an orthopaedic assessment, which is what I would think we would need to do if we were to do anything in relation to his shoulder.

He is developing contractures in his shoulder.

I have reassured him that I cannot find any clear evidence that he does have signs of the more common neurological disorders which do affect gait and that at the present moment I cannot explain those inner feelings that he has, but he certainly does not have any evidence of ataxia, marked rigidity or bradykinesia.

He has muscle weakness suggestive of deconditioning. He is keen at the moment to increase his activity. He is accepting of an experienced physio review to see if they can give him any ideas about how he might do this, but he does not wish to go outside and he does not wish to do anything unless he feels capable of it himself, which is understandable.

His mood seemed equitable and he was enjoying the contact with his father.

His gait today did seem to be as a result of the deconditioning and probably stiffness in relation to his lack of mobility.

I cannot tell whether he has a functional neurological disorder in any way shape or form. I could not detect any evidence of a focal neurological disability which would allow me to presuppose other

problems and that would require an assessment by a Neurologist – something that he is likely reluctant to do.

My clinical impression is to continue on with his cares.

We can get the Physios to see them, although they are unsure about what they could in fact do for him unless he is able to cooperate.

I think increased socialisation and support would be very helpful. I am obviously very concerned about his shoulder and would suggest, if you do get the opportunity, to have ongoing discussions with him. He does have concerns based on his experiences around what he can and cannot do, and it does seem that as he is an intelligent man he needs to go at his own pace.

I think that we would probably look at the issues around restorative care, increasing his activity and social interactions and see what happens.

I am unable to comment about what happened in the several years when he did not contact a health professional when he was clearly increasingly disabled and why he has not been able to discuss accessing somebody to help him sort his shoulder out. He was less interested in that, but I think that this has been the key in his most recent deterioration over the last number of years.

I am certainly, as discussed, not an expert in chronic fatigue syndrome, but it sounded to me like an acute physical deterioration (such as he described and was described in the notes) in somebody who is entering into their first or second year at university could be associated with a mood disorder and has adaption has been to try to preserve himself but has limited his physical activity and social interactions. However, he did get married and did indicate that he had a good relationship with his wife, who is clearly working so I cannot really speak with her – I would be happy to do so should you or he agree. The other thing that he would like is to see whether we could get a podiatrist to help with his toenails and I do think it would be really helpful to look at his hygiene. I would be concerned about his armpit, which he clearly is not cleaning regularly.

I feel that he probably does not have an Ehlers-Danlos syndrome but am obviously not the most expert in this area to be really sure about that would require an expert review, but he does not appear also to have any of the more common neurological problems that we would be concerned about.

Therefore, focusing on a restorative approach to care while he will accept that seems appropriate at the moment. I am happy to review if needed.

Yours sincerely

(electronically sighted and approved)
Dr Janet Turnbull
Geriatrician

Copy to: Physiotherapist, Kāpiti ORA Team, Kāpiti Health Centre

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