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MEDICAL REPORT

Name: **Anne-Florence Plante**

Address: **c/o – The Royal Women's Hospital, 20 Flemington Road, Parkville**

Occupation: **Senior Physiotherapist**

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1. My full name is Anne-Florence Plante and I am a qualified Physiotherapist employed by the Royal Women's Hospital, 20 Flemington Road, Parkville as a Senior Physiotherapist in the Chronic Pelvic Pain Clinic. I hold specialist qualifications as follows:
   - BA PT.Titled in Continence and women's health
   - PgDip in Victimology.

2. I make the following report in response to a request from Soula Mantalvanos regarding her medical expenses in relation to her workplace injury (March 2007).

3. I have been involved in Soula Mantalvanos care since May 2011 in my capacity as a specialist physiotherapist in women's health at the Royal Women's Hospital, Melbourne.

4. On 28 May 2011 on assessment of her symptoms on Ms Mantalvanos presented with:
   - Chronic pelvic pain with marked neuralgia since 2007, recently improved by a implanted Sacral nerve stimulator (Prof Teddy).
   - Vulva/clitoridial and vaginal pain when sitting;
   - Defecation pain and anal pain
   - Unresolved bladder function.

5. In April 2009 she had a resection of rectovaginal septum adhesions and liberation of her left uterosacral ligament which had provided relief of her bowel pain , leg and heel sensitivity

6. Each of these complaints would be part of the criteria in the definition of Pudendal neuralgia

7. I examined Ms Mantalvanos and on examination:
   - When mobilizing her hip and stretching her obturator internus muscle, this was alleviating the pain even when the stimulator was switch off.
   - Internal trigger points (vaginally) were found in the Levator ani muscle as well as Obturator internus.

8. These findings are consistent with an impingement of pudendal nerve in the obturator internus fascia.

9. Recent research on perineum neuralgia has elaborated different areas of conflict. Anatomically, on its way, the pudendal nerve penetrates the gluteal region under the piriformis muscle and bypass the end of the sacro spinous ligament and is then in contact with the sacro-tuberous ligament. Those ligaments, behave as a clamp, and generated a neuronal inflammation inducing a myofascial syndrome.

10. The next area of potential conflict is the Alcock canal as the nerve does travel under the levator ani and along the ischial tuberosity then passing through the fascia of the obturator internus.(Bautrant ,2003;Shafik,1991; Mahakkanukrauh,2005)

11. In a recent retrospective study on 64 patients with pudendal neuralgia, Benson & Griffis,(2005) found that pain was aggravated by sitting in 97% of patient, demyelinisation occurred in 26%.Therapies consisted in injection (59 % with 31 % improvement), Neuromodulation (3% with 100% improvement) decompression surgery(15% with 60 % amelioration).This study conclude neuro-modulation needs further evaluation.

12. Myofascial pain is a result of a visceral muscular reflex which is characteristic with myalgia (when sitting or standing).Chronic visceral and myofascial pain are often seen following direct injuries of the pelvis or surgeries with extensive dissections.(Butric ,2001) In a context of allodynia, the risk is a progressive noxious effect on nerve, neuropathic response will be up-regulated by activation of C fibres arising from pelvis viscera, and as a result will increase noxious input to dorsal horn causing biochemical changes that become permanent .

13. In the situation of Ms Mantalvanos, neuro modulation has proven great outcomes and myofascial treatment seems a reasonable management.

14. Based on Ms Mantalvanos' improvements, we are planning a graded return to work.

15. We will start with a pacing program by increasing ability to sit and stand with relieving posture in-between working time and use of ice and relaxation. Next planned Goal will be to return to driving (for the time being, even being a passenger is extremely difficult).

Anne-Florence Plante

Date: 6 10 2011.

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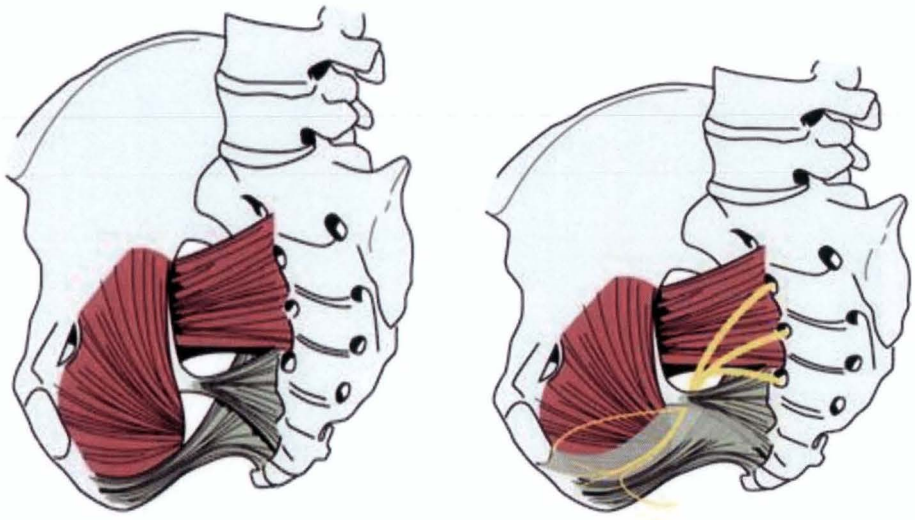

SS = Sacro-s pinal ligament
ST = Sacro-tuberous ligament
O = Obturator muscle
between the 2 ligaments
(lesser sciatic foramen)
P = Piriformis muscle