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12/05/2025

MP Sports Physicians
50 Radovick Street
KORUMBURRA. 3950
Phone: 5935 0858
Fax: 03 5935 0860
Email: info@mpsportsphysicians.com.au

RE: Ms Jenna Leanne Franks
10 Oceanic Drive
INVERLOCH. 3996
0432 568 233

DOB: 20/02/1984

Dear SPORTS PHYSICIAN,

Thank you for seeing Jenna Franks for an opinion and management of her acute onset right groin/hip inguinal pain now some 5 weeks since onset of pain. Please see consult notes and exam from initial presentation below:

1. Hip/Groin Pain- RIGHT
- Onset 4 weeks ago while in car
 - Sudden severe pain when moving leg to accelerate
 - Unable to lift LEFT leg to exit vehicle initially
 - Required assistance to exit vehicle
 - Pain predominantly in right leg
 - Severe pain with leg abduction
 - Excruciating pain when legs spread too far apart during sleep
 - Pain worse when stomach sleeping
 - Deep throb in inner groin/hip area
 - Pain radiates through inner groin to hip region
 - Tender to touch in pubic bone area
 - Symptoms worsen with:
 - Fast walking
 - Leg abduction
 - Lifting movements
 - Crawling in/out of car
 - Work demands
 - recently some Numbness in foot and toes
 - Feels unstable when walking
 - Pain improves with rest
 - Initially managed with regular Panadol and heat pack
 - Symptoms initially improved during 2-week holiday period
 - Symptoms worsened after returning to work
 - No middle back pain nil bowel or bladder symptoms
 - Developing compensatory neck and back pain due to altered gait

Examination: right

- Active straight leg raise limited and painful
- Passive hip movement better tolerated than active movement
- Hip abduction restricted and painful

- Hip adduction causes pain in posterior and medial aspects
- good passive range of motion
- Pain on active muscle recruitment

She underwent the attached USS with essentially normal findings - i appreciate your timely review and guidance on next steps as the pain is very limiting and it is difficult to modify activities in her role as a family daycare provider. She is using panadol and nurofen without much benefit.

Her current medications are:

Neo-Mercazole 5mg Tablet

1 TABLET 2nd daily.

Allergies:

Nil known.

Past Medical History:

	chronic back pain	was under care of pain specialist post birth of Son. MRI- disc disease. Ongoing - 2020- opinion sought on further intervention/ mx..
	pharyngolaryngitis	
	intrauterine contraceptive device	start date /2023 (mirena).
2015	melanoma	in situ. right forearm
2015	lichen sclerosus	dx with gynaecologist. rx Topical CS.
2015	iron deficiency	
2019	anxiety	health anxiety.
2019	hyperthyroidism	Under care of endo. Presentation with thyrotoxicosis- stable on carbimazole.
26/05/2023	Left Scapular pain	
27/12/2023	Superficial BCC	on back from shave biopsy bass coast skin doc

Yours faithfully,



Dr Sarah Smith
MBBS FRACGP
435162CT

Investigation reports

Franks, Jenna
10 Oceanic Drive, INVERLOCH VIC. 3996
Birthdate: 20/02/1984 Sex: F Medicare Number: 3372135408
Your Reference: 64.459873 Lab Reference: IABCHWON
Addressee: Dr Sarah Smith Referred by: Dr Sarah Smith
Name of Test: Ultrasound Right Hip
Requested: 02/05/2025 Collected: 09/05/2025 Reported: 09/05/2025 12:24
Laboratory: Imaging Associates

Patient ID: 64.459873
Dr Sarah Smith
Folio:
UR Number:

Order: 64.1798568_1

Patient Details: FRANKS, Mrs Jenna

ID: 64.459873

DOB: 20/02/1984 Gender: F Acc No: 64.1798568
10 Oceanic Drive INVERLOCH VIC 3996 UR Number:

Report To: DR S SMITH
18 Reilly Street
INVERLOCH VIC 3996

COPIES TO:

Exam Date: Friday, 09 May 2025
Site: Imaging Associates Wonthaggi BCH
Address: 235 Graham Street WONTHAGGI VIC 3995
Phone: 0356442050

ULTRASOUND RIGHT HIP

Clinical Indications:

Right anterior hip and buttock pain and reduced ROM ?gluteal tendinopathy.

Report:

Suboptimal visualisation due to increased patient BMI.

No anterior hip joint effusion or paralabral cyst. The bony contour of the femoral head and neck is unremarkable. The iliopsoas tendon and bursa are normal. The adductor origin is normal.

The gluteus minimus and medius tendons are normal and intact. Gluteal tendons are not well visualised due to body habitus. The trochanteric bursa is not overtly thickened. Normal appearance of the TFL origin.

Conclusion:

No cause for pain is identified on ultrasound within the limitations of the study.

Electronically signed by: Dr Johan Smalberger at 10:35 AM Mon, 12 May 2025

Sonographer: jodonovan