

REPORT

Age: Male Aged 44

Total length of service:

9th Sep, 2009 – 22nd Feb 2018

Length Of present tour.

9 years as an Excavator Operator

Past Medical History and History of Present Illness:

Spinal disease client and on Atripla since 2014. Treated for gastritis and syphilis in 2016. Developed loss of balance and numbness of lower limbs in 2017, which resulted in a fall which caused a left fractured tibia. Later on the numbness progressed up to about spinal level T8 by May, 2017. He couldn't walk and had loss of sensation up to the chest. At this point the power in the limbs was Grade 1. An MRI scan showed bony destruction with spinal cord compression. In June, 2017 patient underwent spinal fusion with instrumentation and the power in the lower limbs improved to grade 3. He also started anti-TB medication. He regained full power in November, 2017 and continues to use a lumbar corset for spinal support.

Currently, he's only complaint is a tingling sensation in the toes.

Results of Physical Examination and Reports of any Special Investigations:

MRI images prior to surgery and medical treatment revealed bony destruction with altered signal intensity involving D2 and D3 vertebrae associated with pre-paravertebral left apical thoracic and intraspinal soft tissue. The spinal cord had focal myelopathy suggestive of inflammatory etiology consistent with Pott's spine.

Current examination revealed that the patient has normal gait and good stride. The meision scar in the extended C7 – T7 with good spinal alignment. Able to touch his toes with a straight back. The spine was non-tender. He has normal range of motion of the neck. The Power was grade 5 in all muscle groups of the lower limb.

- Able to stand for up to 10 minutes at the most.
- Can walk unaided up to 400metres.
- Able to wash himself and
- Able to tie his shoe laces.