

01 May 2024

Mr Stephen Nurse  
B11 Orpheus Village  
Aphrodite Hills  
Kouklia  
Cyprus  
8509

Dear Mr Nurse

Further to your clinic attendance, please find attached correspondence for your records.

Should you find any of the terminology confusing, or if you need additional explanation, then please do not hesitate to contact my office.

Dr Stuart Bingham  
The Barkantine Practice  
121 Westferry Road  
London  
E14 8JH

Dear Dr Bingham

**Re: Mr Stephen Nurse DOB 12/04/1971**  
**B11 Orpheus Village Aphrodite Hills Kouklia Cyprus 8509**  
**07588 717515**  
**nurse\_stephen@hotmail.com**

It was very good to see Stephen Nurse today. It is more than 20 years since I did bilateral arthroscopies for him. He has had ACL tears in both knees. I didn't do his reconstruction on the right but I had to do a patellar tendon decompression and lateral release which worked very well for him. I then reconstructed his left ACL at the start of 2010. He already had degenerative changes particularly in the lateral compartment.

He has done well and is now living in Cyprus and playing tennis regularly. He has ongoing niggly symptoms in the right knee where he thought he had a meniscal tear. He then twisted the left knee which has become a little bit unstable laterally and has become concerned by it.

He is otherwise well.

On examination he has reasonable quads bulk. He has full extension in both knees and flexion to 130° bilaterally. Both knees still have good AP and rotational stability but he has a jog of valgus on the left and a positive McMurrays' test.

MRI scans on the right side basically show low grade chondral damage in all three compartments but the cruciates are intact and there are no meniscal tears. He has a so called loose body posteriorly but this is in the Baker's cyst and should not be a clinical issue. If he gets locking we will reconsider that knee. On the left side he has an intact ACL reconstruction. The medial side is well preserved. He has a great deal of degenerative disease laterally and has a lateral meniscal tear.

My advice is for him not to consider surgery at this stage. He is best off focusing on strength work and keeping himself as stable as possible. He may eventually end up needing Hyaluronic acid injections to ease his symptoms which we are happy to organise.

He should keep himself fit, strong and stable and, of course, limit his impact activities to tennis, if possible, to preserve these knees into the longer term. I have discussed the fact that knees become both biochemically and mechanically abnormal once they lose their ACL and that we have to continue managing him on that basis.

Yours sincerely

*Dictated but not signed to expedite*

**Professor Fares S. Haddad, BSc MD (Res) MCh (Orth) FRCS (Orth)**  
**Professor of Orthopaedics and Sports Surgery**  
**Consultant Orthopaedic Surgeon**

*Sent via email*