

Clara Smith 76 y/o female 5'4" 186.0 lb

CC: Knee pain

HPI

CS is a 76-year-old female who presents today for bilateral knee pain (right worse than left). Lives in apartments on 2nd floor, requires assistance due to stairs, unable to drive, shop, and becoming difficult to get in/out of bathtub. Has a pill box to keep track of daily medications. Onset 5 years ago, has become gradually worse. She also has pain that affects the fingers of both hands. Describes the pain as inside, stiff, and achy, with swelling to knees, fingers, knuckles. Pain in her right knee radiates down her right leg toward her ankle and is stiff in the am for 15-20 mins after awakening. Pain is worse with palpation, ambulation, climbing stairs, and cold weather. She gets very little relief from acetaminophen. The severity of knee pain ranges from 4-8/10 and her fingers 2-3.

Problem Statement

CS is a 76-year-old female, with chief complaint of bilateral knee pain that started five years ago. The pain has gradually worsened and also affects the fingers of bilateral hands. Positive subjective findings are stiff joints, achy pain, and swelling to knees, fingers, and knuckles; pain is worse with palpation, ambulation, climbing stairs, cold weather, and in the am for 15-20 after awakening. Negative for redness, fevers, drainage, trauma, or any recent infection. Positive objective findings are right knee effusion, limited ROM, right sided limp, bow-legged, eye-AV knicking, and obesity. Negative for rashes, lesions, SOB, or chest pain. PMH: hypertension and PUD due to ibuprofen use.

Review of systems

General:

Uses a cane. Denies Fever, weight loss, weight gain, weakness, fatigue, changes in appetite. HEENT/

NECK:

Head- trauma or tenderness. Eyes-denies changes in vision eye redness or drainage. Ears-denies pain or drainage. Nose- denies congestion, rhinorrhea, sinus pain. Throat-denies sore throat, hoarseness, or mouth sores. Neck- denies stiffness, pain, swollen glands, or limited ROM.

Cardiovascular:

Denies chest pain, discomfort, or pressure; dizziness, palpitations, decreased exercise tolerance, blue/cold fingers or toes.

Respiratory:

Denies shortness of breath, wheezing, or cough.

Gastrointestinal:

Denies nausea, vomiting, constipation, diarrhea, coffee-ground emesis, dark/tarry or bloody stools, early satiety, or bloating.

Genitourinary:

Denies pain with urination, burning, blood, hesitancy, incontinence, urgency, or frequency.

Musculoskeletal:

Bilateral knee pain, right worse than left. Bilateral fingers. Weakness, not exercising or moving around due to pain. Denies muscle/joint pain, redness, swelling, muscle cramps, joint stiffness, joint swelling/redness, or back/neck/shoulder/hip pain.

Neurologic:

Denies headaches, double/blurred vision, difficulty with night vision, difficulty hearing, ear pain, sinus problems, chronic sore throats, or difficulty swallowing.

Integumentary/Breast:

Nails less strong. Denies itchy scalp, skin changes, moles, thinning hair. Denies breast discharge, lumps, scaly nipples, pain, swelling, or redness.

Psychiatric:

Denies anxiety, depression, suicidal/homicidal thoughts/plans, mood swings.

Endocrine:

Denies any heat or cold intolerance, increased thirst or sweating, frequent urination, or change in appetite.

Hematologic/lymphatic:

Denies easy bruising, anemia. Neck- denies swollen glands.

Allergic/Immunologic:

Denies allergies or recent infections.

PMH

Mid-epigastric pain and reflux

Nocturia x 2 for 5 years (? Include)

Chronic aches/pains, hands stiff

HTN x 20 yrs

CKD (Chronic Renal insufficiency)

Peptic Ulcer Disease with GI Bleed from Ibuprofen 4 yrs ago

Hyperplastic Polyps removed X 2 during colonoscopy.

Hospitalizations/surgeries:

G6 P6

No hospitalizations or surgeries

Medications:

Amlodipine 10 mg tab daily

Lisinopril 10 mg tab daily

Simvastatin 20 mg tab daily

Hydrochlorothiazide 25 mg tab daily

Protonix 40 mg tab daily

Acetaminophen ES 2 tabs, TID PRN HA, Pain

MVI daily

Allergies:

NKDA

Preventative Health:

Colonoscopy 4 yrs ago - Hyperplastic Polyps removed X 2

Defers Mammograms – last was at age 60, too painful

Pap Smear, All negative in the past, >5 yrs ago

No exercise program

Immunizations:

UTD

Family History:

Mother – arthritis and obesity

Father – unknown

Sister - HTN

Social History:

Lives alone, 2nd floor apartment

No tobacco use, No alcohol, No sex, No recreational drugs

Physical exams

General: CS is a 76-year-old female who is awake, alert, oriented, and in moderate distress; well developed, hydrated, nourished, and overweight (BMI 32); cooperative and appears stated age.

HEENT/NECK:

Head-normocephalic, atraumatic without tenderness.

Eyes-conjunctivae clear without exudates or hemorrhage; sclera non-icteric. eyes - AV nicking, normal conjunctiva

Ears-external ears and canals are non-tender without swelling, no discharge from canals; tympanic membranes normal and appearance with normal landmarks and cone of light.

Nose-nasal mucosa is pink and moist; nasal septum is midline; nares are patent bilaterally.

Throat-oral mucosa is pink and moist with good dentation; posterior pharynx and tonsils are pink without erythema or exudate.