

Emily Young

• Identification:

Date: 3/10/18

Time: 8:30 AM

Name: MW

Sex: M ✓

Race: White

Age: 60

Marital Status: married

Address: NYP Queens, PAT

Religion: Declined

• Informant:

Source of History: Patient, reliable ✓

• Referral Source: PMD Dr. Burns ✓

• Chief Complaint: "Pain in right knee" x 3-4 years ✓

• Present Illness: 60 y/o male with PMHx of HTN presents to PAT today for total knee replacement of the right knee, c/o "pain on right knee" x 3-4 years. He states that he feels constant, aching pain in his right knee and rates the pain as 8/10 in severity. Over the past two years, he started placing more weight on his right knee to compensate for left knee weakness. The pain gradually increased on his right knee to the point where he felt a knee replacement is needed. Patient reports that his knee pain is worse when stretching, walking up and down stairs, or walking on an incline. The pain is alleviated when he stops placing weight on his knee. He states that the pain is very position dependent and experiences sharp, stabbing pain if he moves his right knee the "wrong way". The pain does not radiate elsewhere. He tried hydraulic acid injections one year ago with no improvements and is not resolved. Pt admits to feeling pain, tightness, and swelling on right knee, pain on right shoulder, stiffness in neck but denies any recent infection, fever, chills, rheumatoid arthritis, sleep apnea, numbness, tingling, or recent trauma or injury on right knee.

Good!



• Past Medical History

Present Illness - HTN x 15 years

Immunizations up to date, including flu shot. ✓

Pt denies any childhood illnesses.

• Past Surgical History

Microdissection on L4, L5 for back pain - Oct. 2016, no complications ✓

Left inguinal hernia - 2012, no complications

Denies past transfusions.

• Medications

Diltiazem 180 mg tablet PO QD for HTN, last dose this morning.

Metoprolol 25 mg tablet PO QD for HTN, last dose this morning ✓

Aspirin 81 mg tablet PO QD for blood thinning, last dose this morning

Vitamin D 1000 mg table PO QD, last dose this morning

• Allergies

Gabapentin - swelling on legs ✓

No other drug, food, environmental allergies.

• Family history

- Maternal grandmother - deceased at mid 80s, due to old age

- Paternal grandfather - deceased mid 80s, due to old age

- Maternal grandfather - deceased mid 80s, due to old age ✓

- Paternal grandmother - deceased mid 70s, due to old age

- Mother - deceased at age 85, due to old age

- Father - deceased at 83, due to metastatic lung cancer

• Social History

Denies <sup>past/present use of</sup> ~~smoking~~ cigarettes or recreational drug use

Drinks 1-2 beers/day and 2 cups caffeine/day ✓

Married, lives with wife, no pets

Occupation: designer for CorEdison



Has not traveled out of state/country recently.

Admits to eating a well-balanced diet.

Denies exercising due to right knee pain. ✓

Admits to sleeping 7.5 hours a night uninterrupted

Pt is currently sexually active with one partner, his wife. Denies any impotence/anorgasmia, STIs. Does not use contraception.

#### • ROS

General: Denies any recent weight gain/loss, loss of appetite, weakness/fatigue, fever, chills, night sweats. ✓

Skin/hair/nails: Denies any discoloration, moles/rashes, pruritus, changes in hair distribution, excessive dryness/sweating, change in hair/skin texture. ✓

Head: Admits to headaches in the morning. Denies vertigo, head trauma. ✓

Eyes: Denies photophobia, pruritus, blurring, diplopia, lachrimation, other visual disturbances. Pt wears glasses. Last eye exam January 2018. 20/40 OU. ✓

Ears: Admits to occasional tinnitus. Denies any deafness, pain, discharge, use of hearing aids. ✓

Nose/sinuses: Denies any epistaxis, obstruction, discharge. ✓

Mouth/throat: Denies any bleeding gums, sore tongue, sore mouth, mouth ulcers, voice changes, use of dentures, dry mouth/lips. Last dental exam July 2017. ✓

Neck: Admits to stiffness in neck/decreased range of motion. Denies localized swelling/lumps. ✓

Breast: Denies any lumps, nipple discharge, pain. ✓

Pulmonary System: Denies any SOB, cough, wheezing, hemoptysis, cyanosis, orthopnea, PND. ✓



Cardiovascular system: Denies any chest pain, palpitations, irregular heart beat, syncope, heart murmur, edema. ✓

GI system: Has bowel movements once every 2 days. Denies any nausea, loss of appetite, constipation, vomiting, pyrosis, flatulence, diarrhea, jaundice, bloating, indigestion. ✓

GU system: Denies any polyuria, dysuria, pain in flank, hesitancy, dribbling, frequency, urgency, nocturia, oliguria. Last prostate exam March 2017, normal. ✓

Nervous system: Admits to headaches in the morning. Denies loss of consciousness, sensory disturbances, ataxia, change in cognition, loss of strength, weakness. ✓

Musculoskeletal system: Admits to bilateral lumbar back pain and pain in right glenohumeral joint. Denies any other muscle/joint pain, deformity, erythema, edema, tenderness. ✓

Peripheral vascular system: Denies any peripheral edema, intermittent claudication, varicose veins. ✓

Hematologic System: Denies anemia, easy bruising, easy bleeding, lymph node enlargement, blood transfusions. DVT | PE ✓

Endocrine system: Denies any polyuria, polydipsia, polyphagia, goiter, excessive sweating, hirsutism. ✓

Psychiatric: Denies depression, anxiety, OCD. Pt has not seen a mental health professional before. ✓

#### • General Survey

Well-developed male, large build, neatly groomed, looks stated age of 66, breathing unlabored. A10 x 3 ✓

#### • Vital Signs

Pulse: 58 beats per minute, regular

Respiratory rate: 14 breaths per minute, unlabored

BP: 148/88, bilateral arms, sitting ✓

Height: 74 inches



Weight: 232 lbs.

BMI: 29.8 ✓

O<sub>2</sub> sat: 99%, room air

• Physical Examination

Skin: warm & moist, good turgor. Nonicteric, no lesions, scars, tattoos. ✓

Hair: Average quantity & distribution. ✓

Nails: No clubbing, capillary refill < 2 secs. throughout ✓

Head: Normocephalic, atraumatic, no specific facial, non tender to palpation throughout. ✓

Eyes: Symmetrical OU, no evidence of strabismus, exophthalmos or ptosis. Sclera white, conjunctiva & <sup>PINK</sup> cornea clear. Visual acuity 20/40 OU. Visual fields full OU. EOMS full, no nystagmus. Fundoscopy - red reflex intact OU. Cup to disc ratio < 0.5. No evidence of copper wire, AV nicking, papilledema, hemorrhage, cotton wool spots, exudates, neovascularization OU. ✓

Ears: Symmetrical. No evidence of lesions, masses, trauma on external ears. No discharge, foreign bodies in external auditory canals AU. Tympanic membrane pearly white, cone of light intact in good position AU. Auditory acuity intact with whispered voice AU. ✓ Weber midline and Rinne reveal air conduction > bone conduction AU.

Nose: Symmetrical with no obvious masses, lesions, deformities, trauma, discharge. Nares patent bilaterally. Nasal mucosa pink and well hydrated. No discharge on anterior rhinoscopy. Septum midline without any lesions, deformities, infection, perforation. No foreign bodies. ✓

Sinuses: Non tender to palpation and percussion over bilateral, frontal, ethmoid, and maxillary sinuses. ✓

Lips: Pink, moist, no evidence of cyanosis or lesions. ✓

Mucosa: Pink, hydrated. No masses, lesions noted. No evidence of leukoplakia. ✓

Palate: Pink, hydrated. Palate intact with no lesions, masses, scars. ✓

Teeth: Good dentition, no obvious dental caries noted. ✓

Gingivae: Pink, moist. No evidence of masses, lesions, erythema, discharge, hyperplasia. ✓

Tongue: Pink, well papillated. No masses, lesions, deviations noted. ✓

Oropharynx: Hydrated. No masses, lesions, foreign bodies, infection, exudate. Tonsils present with no infection or exudate. Uvula pink, no lesions or edema. ✓

Neck: Trachea midline. No masses, lesions, scars, pulsations, stridor. Supple, non-



tender to palpation. No thrills, bruits noted bilaterally, no palpable adenopathy. ✓

Thyroid: Non-tender to palpation, no palpable masses, no thyromegaly, no bruits. ✓

Chest: Symmetrical, no deformities, trauma. Respirations unlabored. No use of accessory muscles. Lat to AP diameter 2:1. Non-tender to palpation. ✓

Lungs: Clear to auscultation and percussion bilaterally. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus symmetric throughout, no adventitious sounds. ✓

Heart: JVP is 2.5 cm above sternal angle with head of bed at 30°. PMI in 5th ICS in mid-clavicular line. Carotid pulse 2+ bilaterally without bruits. S1 + S2 are normal. No murmurs. ✓

Abdomen: Protuberant, symmetrical. No scars, striae, caput medusae or abnormal pulsations. BS present in all 4 quadrants. No bruits over aortic, renal, iliac, femoral arteries. Tympany to percussion throughout. Non-tender to percussion or light/deep palpation. No organomegaly, masses, guarding, rebound tenderness. No WAT bilaterally. ✓

Breast: Symmetric, no dimpling, masses, discharge. No axillary nodes palpable. ✓

Male genitalia: Circumcised male. No penile discharge or lesions. No scrotal swelling or discoloration. Testes descended bilaterally, smooth, without masses. Epididymis nontender. No inguinal or femoral hernias noted. **PROSTATE?**

Peripheral Vascular: Extremities unremarkable in color, size, temp. Pulses 2+ bilaterally in upper + lower extremities. No bruits noted. No clubbing, cyanosis, edema, bilaterally. No stasis changes or ulcerations.

DP/RADIAL PULSES +2

• Assessment: 66 y/o male with PMHx of HTN presents to PAT with right knee pain x 3-4 years.

- DDX:
- ① Osteoarthritis
  - ② Osteoporosis
  - ③ Patellar tendonitis ✓
  - ④ Popliteal cyst
  - ⑤ Gout

• Plan

- 1. Right knee pain — suspect osteoarthritis.
- Right total knee replacement surgery. ✓



Pain management consult.

2. HTN - BP stable at this time.

Continue Diltiazem 180 mg tablet PO QD and Metoprolol 25 mg tablet PO QD. ✓

Hold off Aspirin 81 mg tablet until after total right knee replacement surgery.

YOUR PROBLEM LIST SHOULD INCLUDE

HEADACHES

NECK STIFFNESS

AS THESE WERE DISCOVERED IN THE ROS

sleep apnea, numbness, tingling, or recent trauma or injury on right knee.