Appointment Details

After Visit Summary

Notes

Progress Notes

Eric Chandley at 01/28/20 1700

Orthopedics

HPI:

Jennifer Beth Cartrette is a 37 y.o. year old female that presents to the office today with a chief complaint of right knee pain. The patient reports the symptoms began December 25, 2019. The patient reports the symptoms are a 8 of ten with activity and a 3 at rest. When asked to point to the area of maximum discomfort the patient placed their fingers over the anterior and medial right knee. The patient reports the symptoms are sharp with activity and achy at rest. Pain symptoms are constant in nature. Patient reports symptoms are worse with stairs and getting in and out of the car. The patient denies any acute injury to the right knee. The patient does work long hours in the restaurant business and is constantly walking. The patient's had intermittent swelling in the knee since December 25, 2019. The swelling is spontaneous in nature. She does get erythema of the overlying skin. She has not had a previous aspiration and injection in the knee. Oral steroids greatly reduced her symptoms within 48 hours. After she completes oral steroids the redness and swelling quickly returned. The patient has a history of Graves' disease. She has both elevations of the TPO antibodies and antithyroglobulin antibodies. She may have a mixed presentation that includes Hashimoto's thyroiditis. The patient reports years ago she saw a rheumatologist and had a positive rheumatoid factor test. She reports on a subsequent exam of the rheumatoid factor test was negative. She cannot recall being tested for lupus. She denies recurrent mouth ulcers. The patient's had cervical spine fusion surgery with Dr. Hartman. She is unaware of any psoriatic arthritis history in her family. She personally denies any psoriatic lesions. The patient does live on the eastern half of North Carolina years ago. She has never been checked for Lyme's disease, Ehrilichiosis or or Rocky Mount spotted fever. The patient reports her thyroid symptoms wax and wane. She feels as though she may be hyperthyroid on today's visit. She reports no pain in the left knee.

The patient's past medical, surgical, family, and social histories were reviewed and updated.

Past Medical History:

Diagnosis	Date
• ADHD	
• Anorexia	
• Bipolar disorder (*)	
• Broken teeth *upper left, lower right*	
• Colitis *Ischemic*	age 25
• Colon polyp *Ischemic Colotis*	2005
• DDD (degenerative disc disease), cervical	
• DDD (degenerative disc disease), cervical	
• Dental crowns present	
• Disease of thyroid gland *grave's disease*	
• Eating disorder *In remission*	Childhood
• Presence of dental prosthetic device	

Right lower x1

- PTSD (post-traumatic stress disorder)
- Teeth missing

Past Surgical History:

Procedure	Laterality	Date
• Sinus surgery		2008
• Spinal fusion		

Family History

Problem	Relation	Age of Onset
• Stroke	Father	
• Bipolar disorder	Father	
• Anxiety disorder	Father	
• ADD / ADHD	Father	
• Thyroid disease	Maternal Grandmother	
• Thyroid disease	Maternal Aunt	
• Stroke	Maternal Grandfather	
• Stroke	Paternal Grandfather	
• ADD / ADHD	Sister	
• ADD / ADHD	Brother	
• Anxiety disorder	Paternal Uncle	
• Depression	Paternal Uncle	
• Stroke	Paternal Grandmother	
• Cancer	Neg Hx	
• Breast cancer	Neg Hx	
• Colon cancer	Neg Hx	
• Diabetes	Neg Hx	
• Hypertension	Neg Hx	

reports that she quit smoking about 7 years ago. She started smoking about 20 years ago. She smoked 0.00 packs per day. She has never used smokeless tobacco. She reports current alcohol use. She reports current drug use. Drug: Marijuana.

No Known Allergies

Prior to Admission medications

Medication	Sig	Start Date	End Date	Taking?	Authorizing Provider
acetaminophen (TYLENOL) 325 mg tablet	**Take 650 mg by mouth every 6 (six) hours as needed for Pain. Take 3 tablets prn**				**Historical Provider, MD**
amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet	**Take one tablet (20 mg dose) by mouth 3 (three) times a day for 30 days.**	**12/14/19**	**1/13/20**		**Suja Raju, MD**
amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet	**Take one tablet (20 mg dose) by mouth 3 (three) times a day for 30 days.**	**1/13/20**	**2/12/20**		**Suja Raju, MD**
amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet	**Take one tablet (20 mg dose) by mouth 3 (three) times a day for 30 days.**	**2/11/20**	**3/12/20**		**Suja Raju, MD**
ARIPiprazole (ABILIFY) 10 mg tablet	**TAKE 1/2 TABLET BY MOUTH DAILY FOR 7 DAYS, THEN 1 TAB DAILY THEREAFTER.**	**12/5/19**			**Suja Raju, MD**
methylPREDNISolone (MEDROL DOSEPACK) 4 mg tablet	**Follow package instructions.**	**1/24/20**	**1/30/20**		**Eric W Starr, PA**
mupirocin (BACTROBAN) 2 % ointment	**Apply topically 2 (two) times daily.**	**1/14/20**			**Eric W Starr, PA**
Naproxen-Esomeprazole (VIMOVO) 500-20 MG TBEC per DR tablet	**Take one tablet by mouth 2 (two) times daily.**	**10/18/19**			**Eric W Starr, PA**
ondansetron (ZOFRAN ODT) 4 mg disintegrating tablet	**Take one tablet (4 mg dose) by mouth every 8 (eight) hours as needed for Nausea for up to 15 doses.**	**1/15/20**			**Eric W Starr, PA**

Review of systems: Negative for fevers, chills, sudden weight loss, nausea, vomiting, chest pain, abdominal pain, blood in the urine, blood in the stool, loss of bowel or bladder function. Positive for right knee pain and swelling. All systems reviewed, including pertinent positives and negatives. They are listed above as in HPI, and all remaining systems are negative

Physical Exam:

General: The patient stands 5 feet 3 inches and weighs 130 pounds. The patient is not in any acute distress.

EENT: Eyes. PERRLA. Conjunctiva are clear. Posterior pharynx free of erythema or discharge.

Head: Normocephalic, atraumatic.

Neck: Trachea midline, supple to palpation.

CV: The patient is tachycardic with a resting heart rate of 112 bpm no discernable arrthymia

Lungs: Clear to auscultation. Non tender to palpation.

Skin: No abrasions, lacerations, or ecchymosis noted.

Psych: Patient is pleasant and cooperative.

Neuro: Sensation is intact to light touch at the area of chief complaint. The patient is able to follow commands.

Lymph: No lymphadenopathy at the knee.

Musculoskeletal exam: The patient does have an effusion of the knee. The patient has point tenderness along the medial joint line of the affected knee. The patient can extend the knee to 0 degrees and flex to 90 degrees. Lachman's test and posterior drawer test are negative. Varus and Valgus stress testing do not reveal ligamentous laxity. Varus and Valgus stress testing does not create pain in the knee. Squat testing is positive at 45 degrees. Thessaly's test is positive for pain along the medial and lateral joint line of the right knee. The skin overlying the knee on today's examination is within normal limits..

Medical Decision Making: We obtained an Anterior to Posterior, Lateral, and Sunrise View of the right knee.

Findings: There are no fractures or dislocations on these films. The joint spaces of the right knee appear to be well-maintained. The patient is a small right knee effusion. Bone density appears to be adequate.

Impression: Small right knee effusion

Assessment:

1. Chronic pain of right knee	**X-ray knee right AP lateral and axial** **US Guided Needle Placement** **bupivacaine (MARCAINE) 0.25% injection 2.5 mg** **lidocaine (XYLOCAINE) 1% injection 5 mL** **betamethasone sod phos & acetate (CELESTONE SOLUSPAN) 6 mg/mL injection** **Culture, Body Fluid Synovial Fld** **Body fluid crystal Body Fluid**

		Synovial fluid, cell count Synovial Fld
		Gram Stain Joint Fluid
		Culture, Anaerobic Joint Fluid
		Uric acid
		Lyme, Total Ab Test/Reflex
		Anti-Nuclear AB (ANA) Direct
		Rheumatoid factor
		CCP Antibodies IgG/IgA
		Sedimentation rate
		C-Reative Protein, Quant.
		Endomysial Antibody IgA
2.	Effusion of right knee	Uric acid
		Lyme, Total Ab Test/Reflex
		Anti-Nuclear AB (ANA) Direct
		Rheumatoid factor
		CCP Antibodies IgG/IgA
		Sedimentation rate
		C-Reative Protein, Quant.
		Endomysial Antibody IgA
3.	Hashimoto's thyroiditis	CBC And Differential
		Comprehensive metabolic panel
		Triiodothyronine (T3), free
		TSH
		Free T4
		Thyroxine (T4)
		T3, Reverse
		T3, Uptake
		Endomysial Antibody IgA
4.	Graves' disease	CBC And Differential
		Comprehensive metabolic panel
		Triiodothyronine (T3), free
		TSH
		Free T4
		Thyroxine (T4)
		T3, Reverse
		T3, Uptake

Endomysial Antibody IgA

5. Pain of upper abdomen Endomysial Antibody IgA

Plan:

I believe the patient would benefit from rheumatology consultation. Most of her local rheumatologist will not see the patient unless they have a positive lab study. We will order the typical rheumatological panel for her condition. The patient keeps suffering from recurrent knee effusions after she tapers off of steroids. If she is having from an untreated autoimmune disease this makes sense. Gout and pseudogout can create erythema and severe swelling of the knee. I did consider mechanical causes of her symptoms such as a torn meniscus or cartilage injury. The patient reports a history of carpal tunnel like symptoms that completely resolved with steroidal medication. I told her I have seen myxedema the risk rate carpal tunnel symptoms in the past. She may benefit from a steroid injection to the carpal tunnel. She reports that taking steroids for the past 5 days and has absolutely no numbness or tingling in her hand. She reports dramatic improvement in the swelling in her knee since taking the steroids. She is very concerned that when she stopped taking the steroids the knee will quickly swell and become very painful. I told her the steroid injection delivered into the joint should last for 4 weeks. She would like to proceed with aspiration injection of the knee. We will send aspirate to the lab for analysis for crystal-based diseases, cell count, Gram stain, and culture.

I discussed the risks and benefits of aspiration and injection of the right knee. After this discussion the patient would like to proceed with the procedure. I prepped the anterior and lateral aspects of the knee with rubbing alcohol. Using ultrasound guidance and sterile technique I injected 3 mL of one percent lidocaine to provide local anesthesia. After local anesthesia was achieved I inserted an 18 gauge needle into the effusion without difficulty. I then aspirated 12 cc of cloudy yellow straw colored fluid was removed from the knee without difficulty. I then injected 18 mg of Celestone and 1 mL of 0.25% of Marcaine.The patient tolerated the procedure very well. Images were captured for the medical record. The patient will follow up with on a PRN basis.

If we do not find anything on a rheumatological work-up and she does not respond to steroid injection I would recommend MRI right knee. The patient was mildly tachycardic on today's visit. This may be an adverse side effect of her ADHD medication, recurrence of her Graves' disease, or simply being nervous that she is in a doctor's office. Her primary care physician will monitor her heart rate. I did not reorder the TSI level or the antibody level because it is irrelevant at this time. The patient has autoimmune disease and reordering these tests would not affect management.

Eric A Chandley, PA

Portions of this note were dictated using Dragon Software. It has been reviewed for accuracy, but may contain grammatical and clerical errors. If there are any questions, please feel free to contact me at (704)316-1830

Patient Instructions

Marissa S, LAT, ATC at 01/28/20 1522

If you have any questions or concerns about the