Progress Notes

Amit Patel at 03/19/20 1300

Assessment:

Jennifer Beth Cartrette is a 37 y.o. White or Caucasian female who presents with right knee pain .

1. Right knee pain: With intermittent swelling for the last 3 months. She has undergone a number of aspirations and injections, but finds that joint fluid re-accumulates. She has had IV steroids as well as oral steroids, but finds that oral steroids have been more beneficial. Negative ANA, rheumatoid factor, CCP, ESR, CRP, uric acid. She does follow with orthopedics, who have recommended right knee MRI, but this has not been completed.

2. Left wrist pain: Intermittent, improves with compression. Prior imaging of the wrist did not reveal any acute abnormalities.

3. History of bulimia: With ongoing symptoms of decreased food intake. She does take NSAIDs daily, but also finds that she has nausea daily and requires Zofran.

4. History of degenerative disc disease in the cervical spine: Status post C4-C5, C5-C6 ACDF in September 2018. Continues to follow with orthopedics. Daily Aleve.

5. Autoimmune thyroid disease: With positive thyroglobulin and thyroid peroxidase antibodies noted in 2018. Recent testing does reveal abnormal thyroid function. She is not currently on any thyroid medications.

Plan:

I discussed with her that at this time there is limited evidence that would support immediate initiation of immune suppressing medications

We will check HLA-B27, ESR, CRP, CK, ANA comprehensive panel, hepatitis panel, QuantiFERON gold, CBC, creatinine, hepatic function panel

Based upon lab results, we will assess if DMARD therapy is appropriate, and will consider Humira injections

Methotrexate is contraindicated as she is planning to consider conception in the near future

In the meanwhile, she will start prednisone 10 mg daily for 2 weeks, then 5 mg daily for 2 weeks, then stop

I would recommend consideration for MRI of the right knee if pain does not respond to prednisone

She is aware that our office does not have capabilities to ultrasound with our joint aspirations, so she elects to follow with orthopedics whenever joint aspirations are required

She is aware that our office policy restricts my ability to prescribe nonrheumatic medications, and that I would defer management of such to her other providers

I encouraged her to continue to follow with her other providers as previously scheduled

Return to office in 3 to 4 months

I spent 40 minutes of face-to-face time with the patient and more than half of the time was devoted to patient education discussing about differential diagnoses; current management plans, and future treatment options.

Subjective:

Jennifer Beth Cartrette is a 37 y.o. female who is being evaluated in consultation at the request of her Orthopedic provider, Eric Chandley, PA, for right knee effusion.

She was normal state of health, but recalls upper and lower back pain since high school. She attributed this to gymnastics and having large breasts. She had considered breast reduction, but did not do this.

As she became older, she continued to have back pain. She did notice stiffness in her hands, worse after overuse as a massage therapist. She was working with a physiatrist, who did do injections into the soft tissue. She did not find benefit from these. She did blood work and was found to have a positive RF. She was planning to see a rheumatologist, but due to her boyfriend being diagnosed with brain cancer, she did not follow with one.

She has had repeat testing, which was negative.

In November 2019, she began having left wrist pain. She noted swelling on the palmar aspect of the left forearm. This led to numbness in her hand and palm. She wore a carpal tunnel brace, which helped. But her symptoms continued and began to happen during the day. She finds that wrapping her wrist controls the swelling and numbness.

In December 2019, she had acute onset of pain in the right knee. She noted swelling at that time. She began wearing knee brace at that time. She had continued swelling and pain and went to the ED. In the ED, they did a knee aspiration and injection and was provided with steroid taper. This helped with both knee and wrist pain/swelling. Within a few hours of stopping prednisone, her symptoms returned.

She was referred to Orthopedics. MRI, ultrasound, aspiration, etc was normal. She was told for possible autoimmune cause of her symptoms.

After joint injection, she had recurrent swelling 5 days after. She had to go back to the ED, and was again given IV steroids. This helped, but again, was only temporary in providing relief. She started oral prednisone the following day.

She finds that oral steroids are helpful, but other forms of steroids are not efficacious.

Throughout this time, she has been diagnosed for erysipelas of the face. She has been prescribed Bactrim and bactroban.

She has discussed MRI of the right knee, but this has not been ordered.

She endorses dry eyes (worse with contact lens use) and dry mouth. No inflammatory eye diagnoses. No IBD-like symptoms. No history of Achilles tendinitis.

She does notice swelling in her entire finger/toes. She endorses AM stiffness lasting for about 30 minutes. Alternating cold and heat application helps.

No personal history of psoriasis.

Associated symptoms or other concerns include: arthralgia, fatigue, joint pain and morning stiffness. Patient denies associated alopecia, bleeding/clotting problems, depression, fevers, memory loss, muscle weakness, nausea, new headache, nodules, oral ulcers, palpitations, pleurisy, polydypsia, polyuria, rashes/photosensitive, Raynaud's and seizures, bloody loose stool, or eye inflammation. Patient also denies history of asthma, acute visual symptom, wrist/foot drop, or recurrent genital ulcerations.

Past Medical History:

Diagnosis	Date
• ADHD	
• Anorexia	
• Bipolar disorder (*)	
• Broken teeth *upper left, lower right*	
• Colitis *Ischemic*	age 25
• Colon polyp *Ischemic Colitis*	2005
• DDD (degenerative disc disease), cervical	
• Graves' disease	
• Presence of dental prosthetic device *Right lower x1*	
• PTSD (post-traumatic stress disorder)	

Past Surgical History:

Procedure	Laterality	Date
• Sinus surgery		2008
• Spinal fusion *ACDF C4-5, C5-6*		

Medication	Sig
• acetaminophen (TYLENOL) 325 mg tablet	Take 650 mg by mouth every 6 (six) hours as needed for Pain. Take 3 tablets prn
• amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet	Take one tablet (20 mg dose) by mouth 3 (three) times a day for 30 days.
• mupirocin (BACTROBAN) 2 % ointment	Apply topically 2 (two) times daily.

• naproxen sodium (ALEVE) 220 mg tablet	Take 440 mg by mouth 2 (two) times daily with meals.
• 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.
• traZODone (DESYREL) 100 MG tablet	Take one tablet (100 mg dose) by mouth at bedtime as needed for Sleep for up to 30 days. Take 1-2 tabs as needed for insomnia (Patient not taking: Reported on 3/19/2020)

No Known Allergies

Social History

Tobacco Use	
• Smoking status:	Former Smoker
Packs/day:	0.00
Years:	0.00
Pack years:	0.00
Start date:	1/1/2000
Last attempt to quit:	1/1/2013
Years since quitting:	7.2
• Smokeless tobacco:	Never Used
• Tobacco comment: Quit- age 30	
Substance Use Topics	
• Alcohol use:	Not Currently
Alcohol/week:	0.0 standard drinks
Comment: rarely	
• Drug use:	Not Currently
Types:	Marijuana
Comment: last used - 2 to 3 yrs. ago	

Family History

Problem	Relation	Age of Onset
• No Known Problems	Mother	
• Stroke	Father	
• Bipolar disorder	Father	

• Anxiety disorder	Father
• ADD / ADHD	Father
• Thyroid disease	Maternal Grandmother
• Thyroid disease	Maternal Aunt
• Crohn's 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
• Lupus	Neg Hx
• Rheum arthritis	Neg Hx
• Ankylosing spondylitis	Neg Hx
• Psoriasis	Neg Hx
• Ulcerative colitis	Neg Hx

Review of Systems

All other review of systems was negative except for the pertinent positives and negatives in the HPI

Objective:

Vitals:

	03/19/20 1320
BP:	**(!) 132/92**
Pulse:	105
Resp:	12
SpO2:	96%

Wt Readings from Last 3 Encounters:

03/19/20	133 lb 9.6 oz (60.6 kg)
02/18/20	130 lb (59 kg)
02/05/20	134 lb (60.8 kg)

General appearance: alert, appears stated age and cooperative

Eyes: no conjunctival injection, PERRL

Head: no parotid gland enlargement, and no temporal artery or scalp tenderness

Throat: no mouth ulcers and wet buccal mucosa

Neck: no adenopathy, no carotid bruit, no JVD, supple, symmetrical, trachea midline and thyroid not enlarged, symmetric, no tenderness/mass/nodules

Lungs: clear to auscultation bilaterally

Heart: regular rate and rhythm, S1, S2 normal, no murmur, click, rub or gallop

Abdomen: soft, non-tender; bowel sounds normal; no masses, no organomegaly

Extremities: extremities normal, atraumatic, no cyanosis or edema

Pulses: 2+ and symmetric

Skin: + Erythema present on the anterior chest. Skin color, texture, turgor normal. No rashes or lesions. No plaques noted.

Lymph nodes: no cervical adenopathy

Neurologic: alert and oriented x 3, no gross motor and sensory deficits, normal gait

Joints: Normal range of motion the small joints of the hands. There is evidence of bony hypertrophy in the PIP joints, particularly the third fingers bilaterally. Normal range of motion bilateral wrists. There is compression dressing over the left wrist, with mild tenderness palpation over the extensor retinaculum of the left wrist. Normal range of motion in bilateral elbows, with no tenderness palpation of the epicondyles. Range of motion the shoulders is intact, with no significant crepitus. Cervical spine range of motion is relatively preserved, with no tenderness palpation of the vertebral column in the thoracic spine. There is bilateral SI joint tenderness to palpation. Schober sign is intact. Patellofemoral grind is present in both knees, with cool effusion overlying the superolateral aspect of the right knee. No significant medial joint line tenderness palpation bilaterally. Intact range of motion in both knees. Normal range of motion of bilateral ankles, with no tenderness palpation over the insertion of the Achilles tendon. Normal MTP squeeze, no dactylitis in the feet.

Lab and Imaging Review: I reviewed the labs and radiology.

Lab Results

Component	Value	Date
WBC	6.1	07/27/2018
HGB	12.9	07/27/2018
HCT	37.7	07/27/2018
MCV	90	07/27/2018
Plt Ct	237	07/27/2018

Lab Results

Component	Value	Date
Creatinine	0.69	07/27/2018

Lab Results

Component	Value	Date
ALT (SGPT)	26	02/14/2018

2/12/2020

ANA direct negative
RF 10.0
CCP 14
ESR 13
CRP <1
Uric acid 4.9
Endomysial ab negative
Lyme IgG+IgM <0.91
TSH 7.090

1/28/2020

Synovial fluid:
Cell count: 1878 nucleated cells (0 polys, 49 lymph, 51 macrophage, 0 eos), rare RBC
No crystals under normal or polarized light
Gram stain: no WBC, NOS
Culture: no growth in 56-72 hours (aerobic), no anaerobic growth in 72 hours

2/14/2018

TSH <0.006
Thyroglobulin ab 1.3
TPO ab 236

1/28/2020

From Orthopedic note:
"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**"**

10/18/2019

Left wrist, 5 views

Comparison: None.

IMPRESSION:

1. Mild soft tissue swelling about the radial side of the wrist.
2. No fractures, dislocations, or significant degenerative changes.

Electronically Signed by: Amit M Patel, MD, Rheumatology
3/19/2020 7:09 AM

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