Patient Name: Sarah Lee

Age: 56

Gender: Female

Occupation: Teacher (Retired)

Date: [Insert Date]

Chief Complaint:

The patient reports persistent pain in both knees, which has progressively worsened over the past year. She experiences stiffness, swelling, and difficulty walking or climbing stairs. Pain is more severe in the morning and after prolonged physical activity.

History of Present Illness:

- **Onset**: Gradual onset of knee pain approximately 12 months ago.
- **Progression**: Pain intensity has increased over the last 6 months, with occasional locking sensations in the right knee.
- Triggers: Prolonged standing, walking, and cold weather.
- Symptoms:
 - o Dull, aching pain that becomes sharp during movement.
 - Occasional swelling and warmth in the knee joints.
 - Limited range of motion and stiffness, especially after waking up.
 - Audible clicking or grinding sounds during knee movement.

Medical History:

- Past Conditions:
 - Diagnosed with mild osteoarthritis 3 years ago.
 - History of obesity (BMI: 30).
- **Medications**: Takes acetaminophen occasionally for pain relief.
- Family History: Mother had arthritis and underwent a knee replacement at age 70.

Lifestyle and Occupational History:

• Occupation: Retired teacher; mostly sedentary lifestyle.

- Activity Levels: Minimal physical activity due to pain.
- Sleep Patterns: Frequently disrupted due to discomfort.
- **Dietary Habits**: High intake of processed foods and sugary beverages; insufficient calcium and vitamin D sources.
- **Weight Management**: Struggles with weight gain over the past decade.

Examination Findings:

- Vital Signs:
 - Blood Pressure: 140/90 mmHg (borderline high).
 - Heart Rate: 84 bpm.
- Joint Examination:
 - Swelling and tenderness in both knees, more pronounced in the right knee.
 - Crepitus (grinding sensation) during knee movement.
 - Decreased range of motion in both knees.
- Gait Analysis: Slight limp noted due to pain.

Assessment:

- Diagnosis:
 - 1. Bilateral Knee Osteoarthritis (moderate to severe).
- Contributing Factors:
 - 1. Excess body weight contributing to joint stress.
 - 2. Sedentary lifestyle and poor muscle support around the knees.
 - 3. Nutritional deficiencies (calcium, vitamin D).

Plan and Recommendations:

1. Medical Treatment:

- Prescribe NSAIDs (e.g., Ibuprofen or Naproxen) for pain and inflammation.
- o Consider intra-articular corticosteroid injections for severe flare-ups.
- Glucosamine and chondroitin supplements for cartilage support.

2. Lifestyle Modifications:

- Weight management through a balanced, low-calorie diet and portion control.
- Increase dietary calcium (milk, cheese, yogurt) and vitamin D (fortified foods, sunlight exposure).
- Engage in low-impact exercises (e.g., swimming, cycling) to strengthen muscles around the knees.

 Perform daily knee stretches and strengthening exercises as guided by a physiotherapist.

3. Supportive Measures:

- Use knee braces or orthotic supports during physical activity.
- Apply cold packs for swelling and warm compresses for stiffness.
- o Avoid activities that exacerbate joint strain (e.g., squatting, heavy lifting).

4. Follow-Up:

- Schedule a follow-up in 6 weeks to assess symptom improvement and adjust the treatment plan as needed.
- o Consider imaging (X-rays or MRI) if no improvement is noted.

Doctor's Notes:

Patient education is crucial for managing osteoarthritis effectively. Emphasis should be placed on weight loss and adherence to physical therapy exercises to prevent further joint degeneration. Surgical options, such as knee replacement, may be considered in the future if conservative measures fail.

Signed:

Dr. Priya Deshmukh, MD Orthopedic Specialist

[Contact Number: 9876543210]