

Anonymized Medical Record

Patient Demographics

Patient ID:

FH-002

Date of Birth:

1948-07-20 (Age: 77)

Gender:

Female

Ethnicity:

Asian

Chief Complaint (CC)

:

Chronic knee pain, worse in left knee.

History of Present Illness (HPI)

:

77-year-old female presents with bilateral knee pain, predominantly in the left knee, worsening over the past 5 years. Pain is described as a dull ache, 6/10 at its worst, aggravated by walking, climbing stairs, and prolonged standing. Relieved minimally by rest and over-the-counter acetaminophen. Reports morning stiffness lasting approximately 30 minutes. Limits daily activities, including gardening and social outings. No history of trauma.

Past Medical History (PMH)

:

- Osteoarthritis (diagnosed 10 years ago)
- Hypertension
- Hyperlipidemia
- Cholecystectomy (15 years ago)

Medications

:

- Lisinopril 10mg daily
- Atorvastatin 20mg daily
- Acetaminophen 500mg PRN (up to 3000mg/day)

Allergies

:

None known.

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Family History (FH)

:

- Mother: Osteoarthritis, Hypertension
- Father: Heart disease
- Sister: Osteoarthritis

Social History (SH)

:

Retired teacher. Widowed. Lives independently. Used to be active, but pain limits current physical activity.

Review of Systems (ROS)

:

- Musculoskeletal: Chronic knee pain as described, mild swelling noted in left knee intermittently. Denies redness or warmth. Limited range of motion in both knees.
- Constitutional: Denies fever, chills, weight change.
- Cardiovascular: Denies chest pain, palpitations, edema.
- Gastrointestinal: Denies abdominal pain, nausea, vomiting, changes in bowel habits.

Physical Examination (PE)

:

- Vitals: Temp 98.2°F, HR 72, RR 16, BP 135/88.
- General: Appears comfortable at rest, walks with a slight limp favoring left leg.
- Musculoskeletal:
 - Knees: Bilateral crepitus on flexion/extension. Mild effusion left knee. Tenderness along medial joint line left knee. Range of motion limited to 0-110 degrees bilaterally. No significant warmth or redness.
 - Gait: Antalgic gait, uses a cane occasionally.
- Cardiac: Regular rate and rhythm, S1S2, no murmurs.
- Lungs: Clear to auscultation bilaterally.

Assessment

:

1. Osteoarthritis, bilateral knees, more severe in left.
2. Chronic pain.

Plan

:

1. Medications: Discuss NSAIDs (e.g., Ibuprofen) with gastroprotection, topical pain relief. Re-evaluate acetaminophen dosing.
2. Referral: Refer to Physical Therapy for strengthening exercises and gait training. Refer to Orthopedics for

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evaluation of potential injections (corticosteroid, hyaluronic acid) or surgical options (knee replacement) if conservative measures fail.

3. Education: Weight management advice. Use of assistive devices as needed. Continue low-impact exercises.