COMLEX Level 2 PE Exam

A 60 years old woman came to clinic with vague aches and pains



- Patient Name: Ms. Sheila Delaney
- Clinical Settings : Medicine Office
- **CC**: A 60 years old female with vague aches and pains.

Vital Signs:

- Respirations: 12 per minute
- Temperature: 99.2 °F
- Pulse: 68 bpm, regular
- **Height**: 67 inches
- Weight: 189 lbs.
- **BMI**: 29.6 kg/m2



- Rheumatoid arthritis (RA).
- Seronegative spondyloarthropathies : SLE, Ankylosing spondylosis, Psoriatic arthropathy, IBD, reactive arthritis (Reiter's syndrome) .
- Crystal induced Arthropathies: Gout, Pseudogout.
- Osteoarthritis.



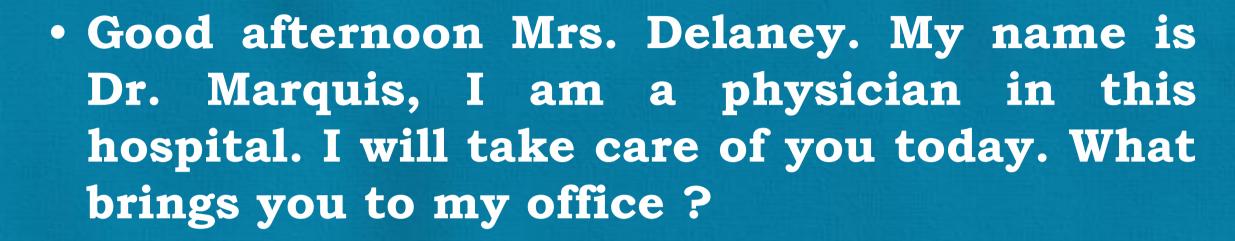
Differential Diagnosis: OTHER CAUSES

- Chronic Lyme disease
- Fibromyalgia (esp. in middle aged females)
- Rarely viral syndromes like:
 - Parvovirus B19 associated arthropathy
 - Entero virus
 - Adenovirus
 - Coxsackie virus
 - Chikungunya



- Door information.
- Differential diagnoses.
- Patient's age and sex favor certain diagnoses over others.
- Wide array of labs are available, chose only the most important ones, the screening ones for this case.





• Hi doctor. I feel tired and listless for about a month now. I have these aches and pains and I cant do my work with the same energy that I used to before.

• I see. Could you please tell me more about it?

Contd...



- Sure doc.
- So a month ago you were completely symptom free?
- That's right, doc.
- So how did this start, do you relate it to any event?
- No doc, I just didn't feel good. And I ignored it for a week or so. I had these aches and pains all over my body, I thought I had the flu. But now its been a month.





- I see. Where do you have the aches and pains?
- Its mostly my hands and wrists. Sometimes also my knees hurt. Sometimes my back also hurts.
- How would you describe the pain ?
- It's a dull ache.
- How bad is the pain on a scale of 1 to 10, with 10 being the worst?
- Its about a 3 or 4 most days.



- Is there anything that makes your pain worse?
- Not really doc, its always there.
- Is there anything that makes it better?
- I have tried Tylenol, aspirin and Motrin. They all give me some relief but after a few hours it's the same again.
- When the pain is worst, is it in the morning or as the day passes?
- It's the morning doctor, as the day goes by, I manage to get myself moving and my chores done.







- Do you feel stiff in the morning?
- Yes doc, that's right. I do.
- What parts of your body feel stiff?
- Its mostly my wrists. Sometimes my knees too. I feel like there's a pile of weight on them. Then I slowly try to get out of bed and start doing my work.
- How long does it take for you to get rid of that stiffness?
- About an hour doc. I get late in making the breakfast and doing all other work these days.



- I see. Do you have any fevers?
- I feel warm on some days, but I have never taken my temperature.
- I see. Do you feel out of energy?
- Yes doc, I just cant get myself to finish some work these days. I used to be a very active person before.
- I see. Do you get short of breath while working?
- No doc.



- Do you have any chest pain or discomfort?
- No doc.
- Has your skin broken into a rash these days or is it sensitive to the sun?
- Not really, doc.
- Okay. Do you have any sores in your mouth that wont heal?
- No I don't think so.







Subjective (Contd...)

- How has your appetite been lately?
- Its been okay.
- Have you lost any weight over this month?
- I think I have doc. Not a whole lot, may be 2 or 3 pounds. I feel weaker.
- I understand. We will try to work through this and find out what is affecting you. I will help you out with this
- Thank you doctor, I appreciate that.



- How have your bowel movements been?
- They have been okay. I go every day.
- Are your stools lose or watery?
- No doc.
- Okay. Is anyone at home sick, like having a cough, runny nose, fever?
- No doc.
- Okay now lets go over your medical history and habits.



- · How is your mood, most of the days?
- I feel okay doc, just that these things get me down.
- Do you feel sad or cry for no reason?
- No doc.
- Do you take the same interest in things around you as you used to, before these symptoms started?
- I guess doc. Its just that I don't have the energy for many things.





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- Do you have any other medical problems?
- None that I know of, doc.
- Do you take any medications, including non prescription over the counter, herbal medicines?
- No doc, I just started taking Tylenol, Motrin and aspirin occasionally since all this started. Other than that, none.
- Are you allergic to any substance or medication?
- No doc.

Contd...



- Have you been hospitalized in the past?
- *No.*
- Have you had any surgeries in the past?
- None doc.
- Does anyone in your family have similar or any other medical problems?
- Well nothing similar. But my mom is hypertensive. My father died of stroke, they said he bleed into his head. Other than that I don't know of problems.







- Well I sleep okay, like 6 to 7 hrs every night.
- Does the pain affect it?
- No doc, its not that bad.
- · What kind of work do you do?
- I am a housewife.
- Do you have kids? How old?
- They are 15 and 16.







- I see. Now lets review your habits.
- Do you smoke?
- No I have never smoked.
- Do you drink alcohol?
- No doc. No alcohol either.
- Are you sexually active?
- Yes only with my husband.
- Do you use recreational drugs?
- No doc.



- Thank you for all the information Mrs. Delaney. Now I would wash my hands and examine you.
- Wash your hands.
- Drape the patient.
- Do a good general exam, HEENT exam: look for pallor, skin rash, edema, lymphadenopathy, eye changes.
- Examine affected joints for signs of inflammation, effusion, range of movements. Compare with unaffected side.
- Explains, offers and performs OMM if indicated.



- Inspection: any skin changes, swelling.
- Range of Motions: Active range of motions of bilateral involved joint and passive range of motions if limitation to active range of motion detected.

• Palpation:

- i. Any tenderness, tissue texture changes.
- ii. Chapman points, viscerosomatic reflexes.
- iii. Somatic dysfunction.



- Thanks for your cooperation Mrs. Delaney. Now lets go over my impressions of your problem.
- Sure doc.
- I have some possibilities in mind, after seeing you. I will go over each of them with you. Then we will discuss about what tests need to be done to confirm the diagnosis.
- Sure doc. That sounds great.

Contd...

- The first possibility that comes to my mind, with a month of stiffness, aches and pains affecting your hands, wrist, knees and generalized fatigue is Rheumatoid arthritis.
- It is very common in women of your age and this is the way it usually presents. Most of your symptoms are classic.
- I see doc. But I don't have a history of rheumatoid in my family.
- I understand, it is still possible to have rheumatoid yourself.
- Okay doc.

- Next possibility that I have in mind is fibromyalgia. It also presents with vague aches and pains that wont go away. While I was examining you, you reported some tender points on your back.
- I see.
- Another possibility is that it may be none of these. It could be just a viral illness that has got prolonged.
- I see doc.
- A last thing I would keep in mind is chronic fatigue syndrome. Which is only after we exclude other things.



- So doc, how do we find out which one is which?
- Good question, Mrs. Delaney.
- A large part of these diagnoses are clinical. That is, from what you tell me, from what I see during examination. I form some impressions, one more likely than the others.
- But it always helps to run some basic blood tests. They are not conclusive, but in the majority they help in diagnosing. That is, they fill up gaps that we might have in our clinical understanding.



- I see. What kind of tests?
- There will be a test called the RA factor, which is a substance in your blood that tests positive in most people with Rheumatoid arthritis. It is negative in a very small amount of people who have the disease. That's why I said it only helps, its not a certain marker.
- I see, then why do we do it doc?
- Because if its negative, then your chances of having RA would be much lower. A negative test is false or incorrect only in 10-15 % people . 85-90% with the disease test positive.



- I see doc. Is there any other tests you would do
- Yes, we would also test for a substance called ANA. That is also supportive evidence. That might also be positive in some people. I would also get a chest X-ray as sometimes lungs are affected.
- I see. What about my pain till then?
- I will start you on some pain medications. Motrin is fine, so is Tylenol. I will start you on a little higher dose. That should help. We can talk on phone after about a week to see if its helping, if not we can go up on the doses or change the pill.
- Sure doc. That would be nice.



- I would talk to you again, once I have all the results back. Then I will be in a much better position to say what the diagnosis is. Then we will go over the treatment plan.
- Sure doc.
- Is there any other question I can answer for you?
- Yes doc. Is it okay to exercise or use heating pads?
- Yes its perfectly okay. I would like you to exercise only as much as you can tolerate.



- If it gets to be painful, I don't want you to do it.
- Heating pads are fine too if they help with your pain and stiffness.
- Doc if its viral do I need medicines like antibiotics ?
- No, usually we give only pain meds to take care of your symptoms. Viruses are not affected by antibiotics. The body gets rid of the virus with time. Rest and supportive treatment only seem to help.

- Great. So doc, when will we get these results?
- We can have the blood drawn today itself. The results should come by tomorrow. I will review them and let you know by phone. If its needed, I will let you know if you need any more tests or if you need to see me again. I will also see you in three weeks.
- Sure doc, that would be nice.
- Is there any other concern at this time, Mrs. Delaney?
- No doc I am all set.
- Thank you. Take care. We will talk again.

Assessment and Plan

> Assessment:

- 1.Rheumatoid arthritis
- 2.Osteoarthritis
- 3.Gout
- 4.Pseudogout
- 5. Fibromyalgia
- 6. Chronic fatigue syndrome

> Plan:

- 1. Ibuprofen 400 mg PO three times a day
- 2. Methotrexate if needed, OMM if indicated (no HVLA)
- 3.CBC with differential, BMP, Serum RA factor, anti-CCP antibody, Serum ANA, ESR, Chest X-ray PA view, X ray of involved joint
- 4.Non pharmacological therapy: Rest, Exercise, Physical therapy
- 5. Consult Rheumatologist
- 6. Follow up in three weeks

