

COMLEX Level 2 PE Exam

**A 65 year old female came to
clinic as her knees keep
hurting.**



Patient Data Sheet

- **Patient Name** : Mrs. Canterbury
- **Clinical Settings** : Medicine Office
- **CC** : A 65 year old female presents with knee pain.

➤ **Vital Signs** :

- **Blood Pressure** : 130/78 mm Hg
- **Respirations** : 12 per minute
- **Temperature** : 98.4 °F
- **Pulse** : 70 bpm, regular
- **Height** : 66 inches
- **Weight** : 197 lbs.
- **BMI** : 31.8 kg/m²



Differential Diagnoses

- Osteoarthritis
- Trauma to the knee– fracture, sprain, dislocation etc.
- Meniscal tear
- Ligament rupture– e.g. ACL or PCL rupture



Key Points to Remember

- Door information.
- Age and sex of the patient—certain diagnoses like osteoarthritis are more common with increasing age.
- Sports injuries like meniscal tear, ACL rupture etc. are more common in sports persons, younger active males.



Subjective

- **Good morning Mrs. Canterbury. My name is Dr. Talwar. I am a physician in this hospital. I will take care of you today. What brings you to the hospital this morning ?**
- *Hi doc, my knees. They just bother me a lot.*
- **I see. How long have they been bothering you?**
- *Its been 2 or 3 months now doc.*

Contd...

Subjective (Contd...)

- **I see. How did this all start ? Is there any event you would relate it to ?**
- *Not really doc. I think I m just getting older.*
- **I see. Do your knees hurt ?**
- *Yes doc, they hurt.*
- **Is it one knee or both ?**
- *Both of them.*



Subjective (Contd...)

- **How bad is the pain on a scale of 1 to 10, with 10 being the worst ?**
- *Its about a 3 or 4 doc.*
- **How would you describe the pain ?**
- *Its an ache that's always there.*
- **I see. Is there something that brings about the pain ?**
- *Not really doc, its there all the time.*



Subjective (Contd...)

- **Does anything make it worse ?**
- *Yes standing for a long time does. I cant go up the stairs.*
- **Does anything make it better ?**
- *I try Tylenol sometimes at night. It helps. My husband takes glucosamine, I took his pills once. But it didn't help.*
- **I see.**



Subjective (Contd...)

- **Do your knees get locked ?**
- *Yes doc, sometimes.*
- **Is it difficult to get up from a chair or sit down on a chair ?**
- *Sometimes it is doc. My knees feel like they would give away.*
- **I see. How about using the toilet, is that difficult ?**
- *Yes doc, I have to grab on to something.*



Subjective (Contd...)

- **Okay. Have you put on a lot of weight recently ?**
- *Not really doc, I have always been fat.*
- **I see. Do you have a fever ?**
- *No doc.*
- **Do any other joints in your body hurt ?**
- *No doc, just my knees.*




Subjective (Contd...)

- **Have you broken any bones unusually, like with just a bump against some furniture, or hitting the kitchen counter accidentally ?**
- *No doc.*
- **Okay. Great. Lets go over your other medical problems, medication list and habits.**
- *Sure doc.*



PAM HUGS FOSS

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- **Do you have any other medical problems ?**
 - *I have blood pressure, I am diabetic, I have some asthma which gets worse in winter.*
 - **I see. What medications do you currently take including over the counters and herbal preparations ?**
 - *Doc I don't remember all the names. I take 2 pills for BP, 2 for diabetes, an insulin shot and I have this inhaler which I use when I am short winded. I pop Tylenols when my knees hurt a lot.*

Contd...

PAM HUGS FOSS (Contd...)

- **Okay. I will call your primary doctor and find out about your pills from him.**
- *Sure doc.*
- **Are you allergic to any medication or other substance ?**
- *None doc.*
- **Have you been hospitalized in the past ?**
- *No doc.*



PAM HUGS FOSS (Contd...)

- **Have you had any surgeries in the past ?**
- *No doc.*
- **Is there any medical problems in your family ?**
- *My father had blood pressure, my mom has asthma. They were both fat too, like me.*
- **I see. Did anyone have problem with knees ?**
- *Mother did, but she was very old then, in her 80's.*



PAM HUGS FOSS (Contd...)

- **I see. How are your bowel movements?**
- *They are ok.*
- **How about bladder ?**
- *That's also fine.*
- **Do you sleep okay ?**
- *Yes doc about 5 to 6 hrs a day.*
- **Okay. Lets talk about your social habits now.**



PAM HUGS FOSS (Contd...)

- *Sure.*
- **Do you smoke ?**
- *No doc, I never smoked. Never drank. Never messed around with my body.*
- **That's good to know, Mrs. Canterbury.**
- **When was your menopause ?**
- *It was 15 years ago. I didn't have any problems.*
- **Great.**



PAM HUGS FOSS (Contd...)

- **What kind of work did you do ?**
- *I worked in an office as a clerk.*
- **What kind of physical activity are you involved in on a regular day, currently ?**
- *I just work around the house. I go for walks sometimes. But these knees don't let me do that now.*
- **I see. Do you use a cane or walker ?**
- *No but I think I might need one.*



Objective

- **Thank you for all that information, Mrs. Canterbury. I would now wash my hands and examine you.**
- Wash your hands.
- Drape the patient.
- Examine both knees : check for signs of inflammation, effusion, locking, drawer test, Lachman's test. Compare both knees. Also quickly do General, RS and CVS examination.
- Explains, offers and performs OMM if indicated.



Osteopathic Musculoskeletal Examination

- **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.



Closure: Assessment and Plan discussion

- **Thank you for your cooperation, Mrs. Canterbury. Now lets go over my impressions.**
- *Sure doc.*
- **The first thing that comes to mind is osteoarthritis. Like you said you are getting older and you are fat. So with age, there are changes in the bone, there is wear and tear over the years. This causes inflammation or swelling in and around the joint. That causes pain.**



Contd...

Closure: Assessment and Plan discussion (Contd...)

- *I see. I thought so doc.*
- **Yes you are correct. It's the most common cause of knee pain in your age group. Your symptoms also sound like that.**
- *I see. Could it be anything else ?*
- **Yes, it could be.**
- *What else doc ?*
- **Well it could be any kind of trauma .**



Closure: Assessment and Plan discussion (Contd...)

- **Say you snapped a ligament. Or may be the cushions between the two bones that make up the knee joint has worn off. That might also cause this.**
- *I see. So doc is the treatment different.*
- **Yes it is different.**
- *I see. how would you find out what I have ?*



Closure: Assessment and Plan discussion (Contd...)

- **Well, more likely than not from what you told me and from your exam, it looks like osteoarthritis. Its largely a clinical diagnosis. I would do an X-ray of your knees to see if there are age related changes. The x-ray would also show any broken or displaced bones, or any other structures that might have shifted or look abnormal.**
- *I see doc. What about my pain ?*
- **We will give you some pills for your pain.**



Closure: Assessment and Plan discussion (Contd...)

- *Thank you doctor.*
- **You are welcome. We will make sure your pain gets better. I would also suggest you to loose weight and to start calcium and vitamin D supplements. After looking at the X-ray if I see that the bones are very thinned out or demineralized, I might add another pill.**
- **I would also send you to a physical therapist who would teach simple exercises and gait training. So it would make it less painful for you to walk and go up and down the stairs.**



Closure: Assessment and Plan discussion (Contd...)

- *That sounds good doc. Would I need a cane ?*
- **I would let the physical therapist decide that. If they feel you might need one, they would recommend it.**
- *Okay doc. I would do that.*
- **I would like you to come back after a week for follow up appointment. Is there any other question or concern at this point ?**
- *No doc, I am all set.*
- **Thank you. Take care and I will call you with the results of your X-ray.**



Assessment and Plan

➤ **Assessment:**

1. Osteoarthritis
2. Rheumatoid Arthritis
3. Gout
4. Pseudo-gout
5. Meniscus tear
6. Ligament rupture
7. Obesity

➤ **Plan:**

1. Tylenol 650 mg PO every 6 hours PRN for pain.
2. Performs OMM appropriately (no HVLA).
3. CBC with differential, BMP, ESR, Uric Acid, RA and ANA.
4. X-ray and MRI of knee.
5. Weight loss, referral to Physical therapist and weight management program.
6. Follow up after a week.



Happy Reading

