COMLEX Level 2 PE Exam



A 56 years old man came to clinic with a nagging pain in his right elbow since a week.

Patient Data Sheet

- Patient Name : Mr. Allen
- Clinical Settings : Medicine Office
- CC: A 56 years old man presents with elbow pain.

>Vital Signs:

- Blood Pressure: 128 / 70 mm Hg
- Respirations: 12 per minute
- Temperature: 99.0 °F
- Pulse: 80 bpm, regular
- Height: 65 inches
- **Weight**: 134 lbs.
- **BMI**: 22.3 kg/m2

Differential Diagnoses

- Tendinitis e.g. Tennis elbow, golfer's elbow, thrower's elbow.
- Bursitis.
- Muscle sprain.
- Supracondylar fracture.
- · Dislocation of elbow.
- Elbow arthritis e.g. RA, Osteoarthritis, JRA.

Subjective

- Good morning Mr. Allen, my name is Dr. Chung, I am a physician in this hospital. I will take care of you today. What brings you to the office this morning?
- Hello doc, its my elbow. It hurts.
- (REMEMBER DON'T SHAKE HANDS WITH THIS PATIENT !!).

Contd...

- Oh I am sorry to hear that. You seem to be in a lot of pain. How long has this been going on?
- Yes doc, its unbearable today. Its been going on for a month now. It keeps coming, but its been worse since yesterday.

- I see. How did all this start?
- Doc, my right elbow just started hurting a bit about a month ago. since then I haven't had any respite.
- I see. Is there any particular thing that you associate with the onset of this elbow pain ?
- I think it was a long golfing session.

- I see. So its just your right elbow, or does any other joint also hurt?
- Its just my right elbow, doc!
- I see. How bad is the pain on a scale of 1 to 10, with 10 being the worst?
- Its about an 8 right now. It was a 9 when it started. Its been a 3 or 4 most days. Some days it just hurts too bad.

- I am sorry to hear that. I will have to ask you some more questions, Mr. Allen to understand your problem better.
- Then I will examine you briefly. I will try to make this as quick as possible.
- Thank you doctor.

- Sure. So coming back to the history, does the pain stay in one area or does it move?
- Its pretty much in my right elbow on the inner side. Sometimes my forearm also hurts.
- I see. Is there anything that makes your pain worse?
- Yes doc, when I play golf, at the end of the session its much worse.

- · I see. Does anything help lessen the pain?
- Some rest does. Tylenols also take a lot of it off. But these days its been constantly achy, like about a 2 or 3 even at night. For the last 2 days or so its been really bad. So I decided to come in.
- Well you did the right thing by coming in. It sure sounds like something that needs medical attention. Lets try to find out what is going on.
- Thanks doctor, I appreciate it.

- · You are welcome.
- · Do you have a fever?
- · No doc.
- · And you said no other joints hurt, Is that right?
- · Yes doc.
- · Did you hurt your elbow during a session or otherwise?
- Not that I remember doc.

PAM HUGS FOSS

- Okay, now Mr. Allen I would like to review your medical history and medication list.
- · Do you have any other medical problems, Mr. Allen?
- I am a diabetic and I have slightly elevated blood pressure.

 Other than that I don't think so.
- I see. What medications are you currently on?
- I take a norvasc for the BP and a Glipizide and Metformin for my diabetes.
- I take occasional Tylenols for the pain these days. I have a prescription for a very small dose of alprax, to help me relax. Sometimes when I am travelling for business, its hard to sleep.

 Contd...

- · Are your BP and Diabetes well controlled?
- Yes doc, the numbers look good.
- I see. Are you allergic to any medication or other substance?
- None that I know of doc.
- · Have you been hospitalized in the past?
- · No doc.
- · Have you had any surgeries in the past?
- · No doc.

- · What kind of work do you do?
- I have a couple of my own businesses. I am into manufacturing. I used to be a very busy executive until 2 years ago. Then I quit the job and started my own business.
- · How often do you play golf?
- About once a week. Last month its been more often.
- · I see. Do you smoke?
- I quit 5 years ago when I was diagnosed with diabetes. Before that I smoked about a pack a day for 20 years.

- · I see. Do you drink alcohol?
- · Yes only socially. I don't get drunk.
- · And how about any recreational drugs?
- · No I never did them doc.
- Do you have any trouble with your bowel movements?
- None doc.
- · How about bladder?
- Its fine doc.

- Do you have any trouble sleeping because of this elbow pain?
- Yes doc, its been waking me up for the last 2 nights.
- I see. Thank you for all that information, Mr. Allen. Now let me wash my hands and examine you. Then we will discuss my impressions of your problem and what needs to be done.

Physical Examination

- Wash your hands.
- Drape the patient.
- Do a good general and HEENT exam.
- Do a thorough local exam.
- Do not repeat painful maneuvers.
- Check range of motion, stiffness, effusion, any signs of fracture or dislocation. Compare with unaffected side.
- 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, Mr. Allen. Let us now go over my impressions of your problem.
- Sure doc.
- The first thing that comes to my mind, with the history that you gave me and with the findings on your exam, is tendonitis. It is very common in golfers.
- That is a swelling of the tendons attached on the inner side of your elbow. This is very common in golfers, like yourself. Like you also said it gets worse with your golfing.

- That makes sense, doc.
- Yes that is why it's the first possibility that comes to my mind.
- Sure doc.
- Another thing could be a ligament tear. A small tear or avulsion might have happened when you teed too hard in a game. And the raw nerves hurt each time you over use your elbow.
- Sure doc, that would make sense too.

- I would also like to make sure its not a small fracture or a dislocation of the joint.
- Yes doc, I understand that.
- Other than that it could be rheumatoid arthritis. But that's a very rare possibility, since RA affecting just the elbow and not having any other symptoms is rather rare, I would just keep it at the back of my mind.

- Sure doc. So how do we find out what it is?
- That's a good question. To make sure its not a fracture or dislocation, I would like to see some X-rays of your elbow.
- We would also do a soft tissue ultrasound of the elbow to see the soft tissues like ligaments, tendons and surrounding structures.
- I will run a couple of basic blood tests too so we are not missing anything.
- · Sure doc.

- We can send you for the imaging right away and I will call the radiologist. I will also call the pathology lab to draw your blood.
- We should have the results by evening or at the most by tomorrow morning.

- I will call you with the results.
- Thank you doctor, I would really appreciate that.
- Sure, meanwhile, I will prescribe some pain medications for you. I will see you again in a week.
- I would also advise you to avoid golfing for sometime now. You can use an ace wrap bandage to help support your elbow.

- At night you may also use a hot bag or heating pads to help you sleep better.
- Thanks doc, I wasn't sure if all that was right. I will do that.
- · Sure all that helps. You can go ahead and do that.

- Do you have any other questions or concerns at this time, Mr. Allen?
- No doc, I think I am pretty much all set.
- · Thank you. We will talk after all the results are back.
- Sure doc.
- Thank you. You take care. I will talk to you later.

Assessment and Plan

>Assessment:

- 1. Medial epicondyle tendonitis (Golfer's elbow)
- 2.Sprain—muscular or tendon
- 3. Bursitis
- 4. Supracondylar fracture (hairline)
- 5. Rheumatoid arthritis

>Plan:

- 1. Ibuprofen 400 mg PO three times a day
- 2.CBC with differential, BMP, Serum Uric Acid level, ESR, Serum RA factor
- 3.X-ray Rt elbow mid supine- AP and Lateral views
- 4.RICE (Rest, Ice, Compression, Elevation), avoid lifting heavy objects
- 5. Follow up in a week

Happy Reading