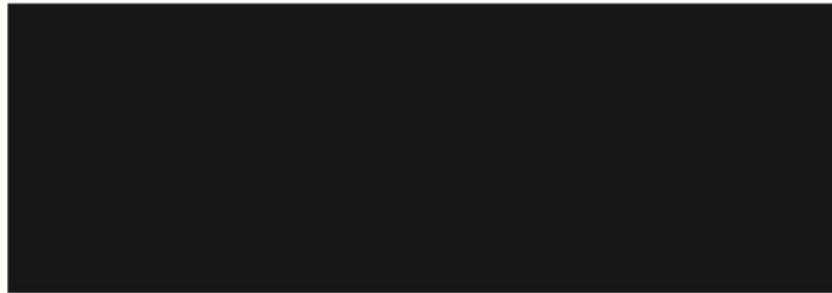




Arthritis [REDACTED]



FAX COVER SHEET

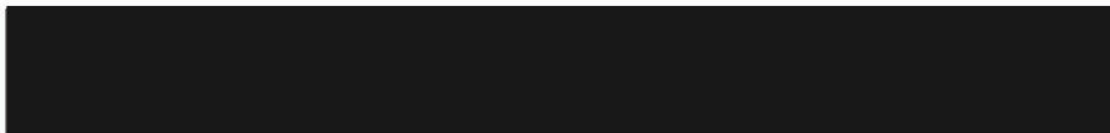
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Number of Pages: Cover + 19. Date: AUG 02 2016

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To: Dept. of Veterans Affairs

Phone: [REDACTED]

Fax: [REDACTED]

Medical Notes



Thank You!

CC Patient is here for Rheumatology follow-up due to Chronic pain, Osteoarthritis, and elevated CPK levels

HPI

for further evaluation (appointment pending). NSAIDS don't help (meloxicam). Pte C/O pain "all over", with persistent stiffness "all day". He C/O recurrent right hip pain on-and-off for about 10 years with mild degenerative joint disease changes in 11-2011. EMG, MRI head and Lumbar spine were done recently, results not available. No new symptoms lately. No joint swelling or skin lesions.

Lumbar spine were normal and he also had negative HLA-B27. Because of his chronic pain and persistent elevation of with +ANA (SSA) he had a new rheumatology consult after 5 years in 11/2011. He C/O "overall body aches involving muscle and joints with stiffness but no focal muscle weakness. He C/O fatigue, chronic low back pain with occasional radiation into the right posterior thigh, right groin pain and muscle twitching. He has no sicca symptoms, skin lesions, joint swelling or Raynaud's. No major joint or muscle abnormalities have been found at exam. He C/O chronic low back pain that worsened over the years with occasional radiation the right buttocks area and down to the right leg with no distal motor or sensory loss. MRI L-spine in 5/2002 showed degenerative disc changes at L4-L5 and L5-S1, with normal MRI of the Thoracic spine. He received treatment with several antidepressants and opiates. He also had several spinal injections in the past. He has chronic elevation of the CPK. It was up to 1220 in 04/2004 with Aldolase 8.2, serum myoglobin 140, and Creat 1.5. CPK was 789 on 8/29/05 with similar creatinine value. On 1/4/2006 CPK was 1000, Creat 1.5, Myoglobin 226, Aldolase 8.4, and normal CRP & ESR.

metabolic myopathy.

ROS Denies prolonged morning stiffness or gel phenomenon. No focal weakness, numbness, or tingling. No acute episodes of joint swelling or sausage digits. Denies weight loss, fever, chills, night sweating, anorexia, or abnormal lymph nodes. No snoring or sleep disturbances. No history of tick exposure, skin rash, photosensitivity, psoriasis or Raynaud's. Denies red or dry eyes, no oral or nasal ulcers. No chronic sinusitis or chronic cough. Denies shortness of breath, wheezing or chest pain. No urinary symptoms. Denies chronic diarrhea or constipation. No abdominal pain, nausea or vomiting. No memory loss, LOC or seizures. No easy bruising. Denies weakness, numbness, or tingling. No episodes of joint swelling or sausage digits.

PMH Sickle cell trait, Depression, HTN, chronic pain syndrome, DJD, genital herpes. No clear H/O statins intake

SH [Tobacco: Never smoker]
Patient denies any tobacco use. Occasional alcohol consumption.
Work: former sales manager (Engineering)