SOAP Note

Name

Institutional Affiliation

Course

Instructor

Date of submission

SOAP Note

ID: T.J, Age 69 years, Hispanic male presents to the clinic accompanied by a care giver

S:

CC: "Left knee pain and swelling for 14 days"

HPI: New Hispanic male patient 69 years old presents to the clinic accompanied by a care giver, complaining of a left knee pain for 14 days. Currently somewhat controlling symptoms with Ibuprofen. Pain and inflammation aggravated by activity and has regularly interfered with his activities. No other joints are symptomatic and T.J has not experienced warmth or erythema in his knees. Rates pain in the knee as 7/10, described as "aching persistently and movements make it worse", relieved by Ibuprofen passively. Denies any injury, fracture or a history of accident.

PMH:

Allergies: Celecoxib causes adverse cardiac effects on TJ.

Medications: Over the counter Ibuprofen 400 mg PO Q6 hours to relieve pain

Vaccinations: received childhood vaccines, Last tetanus toxoid given at adolescence

Denies psychiatric history.

Social History:

Denies alcohol use, Married, retired from work 5 years ago, Hobbies include walks within the compound.

Family History:

Diabetes II and osteoarthritis (Father)

Hypertension in Older brother – 75 years old)

ROS:

General: Pain, swelling and immobility of left knee.

Eyes: Mild double vision, no redness

Ears/Nose/Throat/mouth: no hearing change, tinnitus, earaches, infection, discharge. No bleeding gums, dentures, sore tongue, dry mouth. Last dental exam 12 months ago.

C/V: Denies chest pain, palpitations.

Neuro: Mild migraines. Pain only localized at the knee level. No numbness or dizziness

Lymph: Swollen left groin lymph nodes.

Allery/immunology: Denies seasonal allergies or allergy to pets, pollen or other.

Musculoskeletal: Stiffness of the knee at early morning, mild effusions, pain and inflammation accompanied by redness of the skin worsening during movenent

Urogenital: Polyuria

O:

VS: T – 98 P – 88BPM R – 32BPM BP – 130/90 O2 sat – 97% - 7/10 pain in left knee. BMI: 33

Skin: No rashes, cyanosis, injuries on the knee. Marked Erythema and tenderness on the knee area

Musculoskeletal: Tenderness in the medial joint line of the knees, mild effusions, normal range of movements (5 to 120 degrees) with crepitance at 2 and intact knee ligaments. Hips and back are normal on examination. Exam of the left knee shows neurovascular status is normal. The meniscal signs are absent.

HEENT:

Ears: pinna clean, no exudate noted. TM intact and pearly gray with cone of light bilaterally.

Nose: nasal mucosa pink and moist. No pain

Throat: oral mucosa pink and moist, tongue mobile without lesions, tonsils absent.

Neck: non-tender cervical area, no lymph nodes palpable. Non-enlarged thyroid palpated. Trachea midline.

Neuro: Alert and oriented.

Cardio: Increased pulse rate and cardiac sounds

Thorax and lungs: Thorax is symmetric with good expansion. Respirations are even and unlabored. Normal lung fields

A:

Differential DDX:

- Osteoarthritis: the condition affects mainly the old people. Obesity and genetic factors are predisposition factors for the condition. Persistent knee pain, decreased function, crepitus and erythema are the classical physical findings in the condition (Glyn-Jones et al.,2015).
- Pes anserine bursitis: As shown by the inflammation and pain at the knee

- Spontaneous osteonecrosis of the knee: Because of the joint swelling and redness
- Inflammatory arthropathy because of joint stiffness and pain

DX: Osteoarthritis of the knee

P:

- Plain radiography with patient standing anteroposterior, standing semi-flexed, poster anterior, Merchant [skyline] and lateral views (Abramoff & Caldera,2020).
- Participate in a self-management program, joint strengthening exercises, low-impact exercises and weight management (Cohen and Lee,2015).
- Start Acetaminophen dose given 4000mg per day (Abramoff & Caldera,2020).
- Avoid alcohol while taking medications
- Use of cane to enable movement and alleviate pain

References

Abramoff, B., & Caldera, F. E. (2020). Osteoarthritis: pathology, diagnosis, and treatment options. *Medical Clinics*, *104*(2), 293-311. https://doi.org/10.1016/j.mcna.2019.10.007

Cohen, E., & Lee, Y. C. (2015). A mechanism-based approach to the management of osteoarthritis pain. *Current osteoporosis reports*, *13*(6), 399-406. https://link.springer.com/article/10.1007/s11914-015-0291-y

Glyn-Jones, S., Palmer, A. J. R., Agricola, R., Price, A. J., Vincent, T. L., Weinans, H., & Carr, A. J. (2015). Osteoarthritis. *The Lancet*, *386*(9991), 376-387. https://doi.org/10.1016/S0140-6736(14)60802-3