[09:40 AM]

- Dr. Lawson: Good morning, Mr. Reed! Can you hear and see me okay?
- Patient: Yes, loud and clear. Good morning, Dr. Lawson.

[09:41 AM]

- Dr. Lawson: Great. So I understand you were referred due to ongoing knee pain is that right?
- Patient: Yes. It's been about six months now. My left knee's been really stiff, especially after walking or using the stairs.

[09:42 AM]

- Dr. Lawson: Is the pain dull, sharp, or more of an ache?
- **Patient**: Mostly dull, but after walking for 20-30 minutes, it becomes more intense and feels sharp when bending.

[09:43 AM]

- Dr. Lawson: Have you had any swelling or instability?
- **Patient**: Some swelling at night, especially after long days. No real instability just discomfort.

[09:44 AM]

- Dr. Lawson: Understood. Any recent injuries, falls, or sports-related events?
- Patient: Not really. I used to play amateur football, but I haven't in over 10 years.

[09:45 AM]

- Dr. Lawson: And how does this affect your daily life?
- **Patient**: Walking my dog is difficult. Going up and down stairs takes longer, and I avoid long walks now.

[09:46 AM]

- Dr. Lawson: Any treatments tried so far?
- **Patient**: GP gave me ibuprofen, and I tried physiotherapy twice a week, but no major improvement.

[09:47 AM]

- Dr. Lawson: Did the physiotherapy include strengthening or stretching exercises?
- **Patient**: Mostly stretching hamstrings and quads. I was told to strengthen the glutes too.

[09:48 AM]

- **Dr. Lawson**: That's a good foundation. We might need to assess the structure. Have you had imaging X-ray or MRI?
- Patient: X-ray about 2 months ago. GP said mild osteoarthritis.

[09:49 AM]

Dr. Lawson: I've reviewed the image. There's narrowing in the medial joint space but no severe degeneration.

Patient: Okay, so what does that mean?

[09:50 AM]

Dr. Lawson: It suggests early-stage arthritis, common for your age and history. It's manageable — surgery not needed yet.

Patient: That's a relief.

[09:51 AM]

Dr. Lawson: We'll focus on conservative management:

- Targeted physio (especially hip-knee chain)
- Weight management
- Consider knee brace support during activity

Patient: I'm open to that.

[09:52 AM]

Dr. Lawson: I'll refer you to MSK physio with a focus on strength and proprioception.
We'll also prescribe topical NSAIDs to reduce side effects.

Patient: Sounds good.

[09:53 AM]

Dr. Lawson: If there's no improvement in 3-6 months, we could explore hyaluronic acid injection or guided steroid injections.

Patient: Okay. Will I get those through the NHS?

[09:54 AM]

Dr. Lawson: Yes, depending on outcome. You'll get a follow-up assessment at that point.

Patient: Got it.

[09:55 AM]

🧘 **Dr. Lawson**: Lastly — any questions?

Patient: Just whether I can still cycle or use the rowing machine.

Dr. Lawson: Yes, absolutely. Low-impact cardio is great. Avoid heavy squats or uneven terrain for now.

[09:56 AM]

👴 Patient: Thank you — really appreciate it.

Dr. Lawson: No problem, Mr. Reed. I'll send you everything in writing and your physio referral will go out today.

[09:57 AM]

Patient: Cheers, Dr. Lawson. Bye!

Dr. Lawson: Take care — goodbye!