

HISTORY OF PRESENT ILLNESS

The patient is here today for a follow-up of his left knee osteoarthritis. He reports a recurrence of knee pain, which he attributes to an extended period of inactivity prior to his visit. The pain was well-managed until approximately a month ago but has since escalated, particularly in the past week following a strenuous golf session. He experiences bilateral knee soreness, with the left knee being more symptomatic than the right. He also reports occasional popping sensations in his knees, particularly when rising from a low chair or ascending stairs, which contribute to a feeling of instability. Despite these symptoms, he was able to maintain a daily walking regimen of 5 to 6 miles as recently as 10/2024. He has found relief from steroid injections and is seeking recommendations for alternative medications. Previous trials of meloxicam did not yield significant improvement.

SOCIAL HISTORY

Exercise: Walks 5 to 6 miles a day, plays golf

Alcohol: Drinks wine

PHYSICAL EXAM

Musculoskeletal:

Left knee: Tenderness to palpation, full range of motion, stable ligamentous exam

PROCEDURE

Cortisone injection in the left knee was administered today.

ASSESSMENT AND PLAN

1. Left knee osteoarthritis:

A cortisone injection will be administered to the left knee today. Nonsurgical management options discussed include arthritis pills, steroid shots, gel shots, physical therapy, and braces. Cortisone injections have previously provided relief. Another injection can be considered in 4 weeks if necessary. Potential benefits of glucosamine chondroitin supplements were discussed, although their efficacy is debated. These supplements can be tried for a month or two to see if they help. If there is no improvement, they should be discontinued.

Follow-up: Consider injection in 4 weeks if needed.