

Document Type: Rheumatology Report - Fibromyalgia Diagnosis

Date of Service: September 10, 2020

[Joint & Spine Wellness Center - Logo: A stylized human spine icon]

Patient Name: John Doe

Date of Birth: 01/15/1970

REASON FOR CONSULT:

Patient referred by Dr. Evelyn Reed for evaluation of chronic widespread pain, profound fatigue, and cognitive difficulties that have been ongoing for approximately 18 months. Patient describes pain as a constant, dull ache, rated 6-8/10, affecting neck, shoulders, upper and lower back, hips, and knees. Pain is worsened by activity, stress, and lack of sleep. Fatigue is debilitating and unrefreshing; patient wakes up feeling exhausted despite adequate sleep duration. Reports "brain fog," difficulty with memory, and concentration. Numerous prior evaluations by PCP and Neurology (Dr. Alana Sharma, Neurologist, records reviewed - no specific neurological disease found) ruled out other conditions.

REVIEW OF SYSTEMS:

Endorses headaches, restless sleep, irritable bowel symptoms (consistent with his Ulcerative Colitis, but new patterns of abdominal discomfort), and anxiety. Denies objective joint swelling, fevers, rashes, muscle weakness, or numbness/tingling (beyond generalized discomfort).

OBJECTIVE:

- **Vitals:** BP: 126/80 mmHg, HR: 75 bpm, Temp: 98.2°F.
- **Physical Exam:**
 - **General:** Appears tired, moves cautiously.
 - **Musculoskeletal:** Diffuse tenderness to palpation in multiple classic fibromyalgia tender points. Positive findings in all 18 specified sites (bilateral occiput, low cervical, trapezius, supraspinatus, second rib, lateral epicondyle, gluteal, greater trochanter, knee). Pain elicited is disproportionate to pressure applied. No objective joint swelling, warmth, or erythema. Full active and passive range of motion in all major joints.
 - **Neurological:** Cranial nerves II-XII intact. Motor strength 5/5 throughout. Sensation intact to light touch, pinprick, vibration. Deep tendon reflexes 2+ and symmetric. No pathological reflexes.
 - **Mental Status:** Appears oriented, but reports difficulty with attention during conversation.
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LAB RESULTS (Attached, from prior workup 2019-2020, all within normal limits):

- ESR (Erythrocyte Sedimentation Rate)
- CRP (C-Reactive Protein)

- ANA (Antinuclear Antibody)
- Rheumatoid Factor
- TSH, Free T4 (stable on Levothyroxine)
- Vitamin D
- CBC, CMP
- Creatine Kinase (CK)

ASSESSMENT:

Fibromyalgia (ICD-10: M79.7). Patient meets the 2010 American College of Rheumatology diagnostic criteria for fibromyalgia based on a widespread pain index of 19/19 and a symptom severity scale of 10/12, with symptoms present for greater than 3 months and other potential conditions (e.g., inflammatory arthritis, thyroid dysfunction) adequately ruled out by prior workup.

PLAN:

1. **Education:** Provided comprehensive education regarding fibromyalgia, emphasizing it is a chronic, but manageable, pain disorder, and a multidisciplinary approach is key.
2. **Medication:** Initiate Amitriptyline 25mg nightly. Advised to take 1-2 hours before bedtime, starting at a lower dose if needed due to potential sedation.
3. **Referrals:**
 - Physical Therapy (Focus: gentle stretching, aquatic therapy, posture, activity pacing).
 - Cognitive Behavioral Therapy (CBT) for chronic pain management, stress reduction, and sleep hygiene.
 - Pain Management Clinic for adjunctive therapies if needed.
- 4.
5. **Lifestyle:** Strongly encourage regular, low-impact aerobic exercise (e.g., walking, swimming, tai chi). Discussed importance of stress reduction techniques (mindfulness, meditation).
6. **Follow Up:** Return to rheumatology in 2 months to assess medication response, progress with therapies, and symptom management.

Physician Signature:

Dr. David Kim, MD (Rheumatologist)
September 15, 2020
