

**Good evening, Dr. Martin**

I am calling you to today because you are a Rheumatologist and I need to refer a client to you for evaluation of possible rheumatoid arthritis, including treatment recommendations. This client is a 52 year-old female who presents with a 2-month history of bilateral hand and wrist pain, and swelling in her fingers. She finds it difficult to get going in the morning and feels stiff for hours after waking up. She also complains of increasing fatigue and unable to turn faucets on and off or use a keyboard at work without significant amount of pain in her hands. She denies any infections before or since her symptoms started. She has tried taking OTC Aleve without relief.

She reports having a family history of RA. Her mother was diagnosed with RA when she was 50 years-old and she is concerned that she also has this diagnosis. Other PMH includes GERD, in which she manages with protonix daily. She reports being a former smoker. She had a hysterectomy at age 48 and also has hyperlipidemia. Her elevated cholesterol is currently managed with Crestor 10mg daily.

On physical examination, her vital signs were stable. There is limited ROM to bilateral fingers and wrists and the patient reports a 7/10 pain upon movement. There is MCP and PIP joint edema to bilateral hands and they are tender to touch. Bilateral hand strength is weak. There is no rash or nodules present on the skin. Her lungs are clear on auscultation.

I have ordered laboratory tests to further support her RA diagnosis. I ordered a rheumatoid factor, anti-CCP, complete blood count, erythrocyte sedimentation rate, c-reactive protein, TSH, and complete metabolic panel. I also ordered bilateral hand x-rays to rule out other causes for the joint pain. Her rheumatoid factor and anti-CCP laboratory tests resulted back positive. Her ESR and CRP are elevated as well. I have ruled out other possible diagnoses, such as osteoarthritis, chronic Lyme disease, polymyalgia rheumatica, and gout.

I have prescribed prednisone 10mg daily for 10 days, in which she is reporting some pain relief. I have also started her on Methotrexate 7.5mg to begin taking weekly on Sundays. I have also sent a referral to physical therapy to assist the patient in promoting function and to prevent immobility. Since rheumatoid arthritis is a chronic disease that requires aggressive treatment, I feel that it is best to have her be seen by a specialist that can further manage her medications and additional treatment recommendations.