

Good morning Dr. Jackson.

I am calling you because you are physical therapist specialist and I need to refer a patient to you for evaluation and treatment of chronic osteoarthritic pain. The pt is a 69-year-old male who has suffered from left knee pain for the past 5 years due to osteoarthritis. He states that he tries to exercise regularly and usually has pain with deep squats as well as going up and down the stairs. The pt states that his left knee will give way with the stairs. Pt also has difficulty climbing into his trailer, needing to lead with the right lower extremity. He points to the anterior aspect of the knee, where he has the majority of the pain. He rates his pain as 5/10. During his physical exam, he showed decreased ROM, strength, and flexibility. He also has some tenderness upon palpation at the medial joint line of the left knee. Homan's sign was performed which was negative. He is willing to become more active to improve his pain symptoms. BP and other vital signs were normal on that visit. The patient's CBC, CMP, and lipid profile testing were completed, and they were all within normal limits as the patient tries to live a healthy lifestyle and the conditions are managed by medications. Pt's medical history includes HTN and hyperlipidemia. Pt has mild medial compartment joint space narrowing. There's also patellofemoral compartment joint space narrowing which was revealed via x-ray of the knee. Up to this point, the patient has taken non-narcotic analgesics such as Tylenol and ibuprofen as needed for pain. Pt also reports using hot/cold compress as needed for pain and tries to avoid any strenuous activity. Pt desires to get back to exercising.

Pt was advised to get the cortisone injection to alleviate his symptoms. However, he denied it and requested to be evaluated by you to see what his activity options are for strengthening his knee to improve his quality of life.

Rx Amlodipine 5mg 1 tab daily in the morning

Atorvastatin 20 mg 1 tab daily

Calcium 600mg 1 tab daily

Homans' sign is a clinical finding that involves pain behind the knee when the foot is forced dorsiflexed. It's often used to help diagnose deep vein thrombosis (DVT) of the lower leg.

The 14 tests in a CMP include:

- Alkaline phosphatase (ALP) Alanine aminotransferase (ALT), Aspartate aminotransferase (AST), Bilirubin, Blood urea nitrogen (BUN), Creatinine, Sodium, Potassium, Carbon dioxide, Chloride

Risk factors for developing OA include age, female gender, obesity, anatomical factors, muscle weakness, and joint injury (occupation/sports activities).

OA is a disease of the entire joint sparing no tissues. The cause of OA is an interplay of risk factors (mentioned above), mechanical stress, and abnormal joint mechanics. The combination leads to pro-inflammatory markers and proteases that eventually mediate joint destruction. The complete pathway that leads to the destruction of the entire joint is unknown.