

Week 6 Collaboration Café

CEA Pre-Diagnostic Case Study Part 1

Client Information and Social History

M.H. is a 61-year-old male, date of birth 09/14/1964, who presents to a home-based primary care visit with bilateral joint pain and prolonged morning stiffness. He is a retired veteran receiving home-based support services. His chief complaint is, "My hands, knees, and shoulders have been hurting, and I stay stiff for hours after I wake up." He reports a penicillin allergy that causes a rash. He is married and lives with his wife in a one-story home. He states that his wife has started helping him with some household chores because of worsening pain and stiffness. He smoked cigars for many years but quit 9 years ago. He drinks 1 to 2 beers per week and denies recreational drug use. He previously enjoyed woodworking and home repair projects, but he reports that pain now limits those activities.

Assessment Data

The client reports that the pain began about 6 months ago as persistent right shoulder pain. He initially treated the pain with ibuprofen, which provided mild temporary relief but did not resolve the symptoms. Over the past 3 months, the pain has progressed to involve both hands, wrists, knees, and shoulders. He describes the pain as aching and throbbing and states that it worsens with movement, gripping objects, reaching overhead, and prolonged walking. He rates the pain as 7/10 on most days and says it is worse in the morning. He reports morning stiffness lasting 2 to 3 hours before he begins to loosen up. He also reports difficulty opening jars, buttoning shirts, using tools, and walking longer distances. He denies recent trauma, fever, chills, recent infection, or unexplained weight loss. He does report poor sleep because of pain and frustration related to decreased independence and activity tolerance.

Physical examination reveals blood pressure 136/84 mmHg, heart rate 82 bpm, respiratory rate 18 breaths per minute, temperature 98.5°F, and BMI 30.2. The client appears uncomfortable with movement and changes positions frequently during the visit. Musculoskeletal examination shows mild swelling and tenderness of the bilateral metacarpophalangeal joints and wrists. Bilateral knee tenderness is present with stiffness on movement. Shoulder range of motion is reduced due to pain. Grip strength is mildly decreased bilaterally at 4/5. Lower extremity strength is otherwise intact at 5/5. Gait is slow and cautious. No obvious joint deformities are noted.

Past Medical and Surgical History

Past medical history includes hypertension, hyperlipidemia, and obesity. Surgical history includes cholecystectomy. He denies prior orthopedic surgery, major joint trauma, or previous diagnosis of autoimmune disease.

Risk Factor Analysis

Several demographic and clinical factors contribute to this client's chief complaint. First, his age increases the likelihood of chronic joint disorders, including both degenerative and inflammatory conditions. Second, his obesity, reflected by a BMI of 30.2, may increase mechanical stress on weight-bearing joints such as the knees and