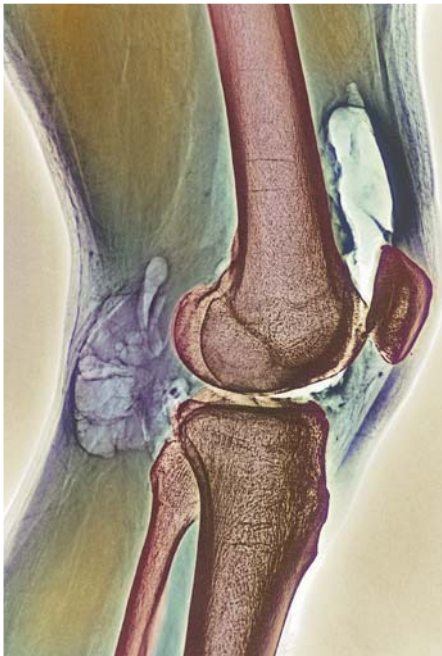


4.6 Electronic Health Records

Orthopedic Clinic Note

S	<p>Subjective History of Present Illness: Mrs. Maureen Goldman presented to the orthopedic clinic with a chronic history of arthralgia. She was previously diagnosed with osteoarthritis. She was initially treated with NSAIDs and an orthotic that helped for a time; however, Mrs. Goldman's condition worsened and was eventually treated with an intraarticular steroid injection. She reported improved pain and range of motion. The knee pain returned last year, however, and she was treated in our clinic with arthroscopic surgery. While it helped some, she reports it didn't completely get rid of her symptoms, and she returns today for evaluation. PMHx: Septic arthritis requiring hospitalization and IV antibiotics 4 years ago.</p>	
O	<p>Objective Physical Exam: RR: 16; HR: 70; Temp: 98.6; BP: 110/60 Gen: Alert, oriented. CV: RRR, no murmurs. Resp: CTA. Musculoskeletal: Creptitation in right knee, decreased ROM. Mild effusion. Mild muscular atrophy of right quadriceps muscle compared to left. Labs: ESR normal, joint aspiration normal. X-ray: Subchondral cysts, subchondral sclerosis, joint space narrowing.</p>	
A	<p>Assessment DDX: Includes osteoarthritis, rheumatoid arthritis, and bursitis. Given her history of osteoarthritis on exam and the results of the x-ray and joint aspiration, I believe Mrs. Goldman has OA that has failed to respond to previous treatments.</p>	
P	<p>Plan I have discussed treatment options, and the patient prefers surgery. I have explained the risks and benefits of a total knee replacement arthroplasty and she understands. I have scheduled her for surgery next month. —Electronically signed by Ricchelle Mitchell, MD 01/26/2015 11:22 AM</p>	