

Mr. Castillo
54 y/o Hispanic American
Chief complaint: knee pain

Mr. Castillo comes to see you with nagging right knee pain which has persisted for 3 months. He describes the pain as located in the front of his knee, which is more severe after jogging or long walks. There is no swelling, but there is morning stiffness that improves after 15 minutes of "loosening up." He used to play tennis regularly but stopped due to the pain and a feeling that his knee might "give way." He takes ibuprofen almost daily, which only provides modest relief. He has no history of trauma and has not had fever, weight loss, anorexia, generalized weakness, night joint pain, or bone pain. On further review of symptoms, he reports that 1 week ago he developed a greenish nasal discharge with pain, congestion, and pressure over his face, for which he started taking loratadine 10 mg daily. He also has had a mild headache for the past 2 days. The rest of this ROS is otherwise unremarkable.

Past medical history:

- Hypertension for 5 years, maintained on amlodipine 10mg OD, BP ranges from 150-160/90-100 in the past year.
- S/p colonoscopy and removal of small tubular adenomas with no dysplasia, 3 years ago.
- Missed flu shot last year; no history of atopy.

-

Family history

- Father died of heart attack at age 65; mother had hypertension and died of hemorrhagic stroke at 70.
- No history of cancer in family, but a young officemate died of colon cancer 6 months ago and he is understandably sensitive about his own colorectal cancer risks.

Personal/Social history:

- Does not smoke or use illicit drugs. He has a glass of wine with dinner 2-3 times per week. His wife reports he has not been exercising regularly since his knee started bothering him 3 months ago and that this affects him a lot.

On **physical examination**, the patient does not appear to be in distress; BP 170/100, HR 92/min, RR 16/min and BMI 33 kg/m²; right knee has joint line tenderness, crepitus and bony swelling with mild loss of flexion range of motion, no warmth, erythema, or effusion; mild muscle spasm over cervical and lumbar spine; rest of PE is unremarkable.