

## Case Study

A 71 year old widowed man comes to your office complaining of worsening back pain over the past 8 months. He has had back pain off and on for the past 4 years. He recently had knee surgery and is taking enteric coated aspirin and Lortab for pain. He states that the pain medication helps his back and his knee but only lasts an hour or two. He has no past history of a request for excessive medication and does not ask for early refills. He states that he is now unable to sit for long periods to watch his grandson play baseball. Recently he was seen in local pain clinic who recommended return to PCP for initiation of long-acting opioid (patient brought the report).

PMH: Sees multiple specialists including cardiologist, internal medicine, does not have a specific Primary Care Provider. Hypothyroid since age 35: GERD since CABG; CABG age 58, stents put in at age 70. Tonsillectomy age 20. Hospitalized for pneumonia age 26. R knee replacement age 65. His last MRI showed degenerative disc disease at T12 – L1/L2. No evidence of neoplasm. Last prostate exam one year ago, unremarkable.

### Medications:

Lescol 40mg qd  
Synthroid 175 mcg  
Imdur 30mg  
Prevacid 30 mg  
Lortab 10/500mg QID  
Indomethacin 50mg BID  
Cardura 8mg qd  
Foltex pal-2 qd  
Vit E 400 IU  
Glucosamine 500mg BID  
Chondritin 400mg  
Centrum Silver  
Cranberry capsule  
Meclazine 25 mg ½ tab prn dizziness  
Enteric coated aspirin HS

### Immunizations:

Pneumovax, 2010  
Tetanus, unsure of last  
flu vaccine does not want

### Allergies:

none known

## Family Medical History:

Grandparents medical hx unknown

Father deceased MI age 54

Mother deceased age 92 after multiple strokes and hip replacement, thyroid disease

Brother deceased age 80 after second (massive) stroke

Brother deceased age 72 liver cancer (worked for Dupont)

Sister deceased age 78 type II DM, heart disease

Sister age 75 obesity, type II DM, carotid endarterectomy, rheumatoid arthritis

Sister age 73 obesity, heart disease

Brother, age 69, chronic neck and back pain, injuries related to farm equipment accidents

## Social History:

Widower since 13 years ago when wife died of cancer

He has 2 grown daughters, one is married professional, the other is single professional who has one son, 13 years old

His 13 year old grandson and his single daughter live with him

He has a "friend" he has been seeing for 9 years, who has 2 daughters and 2 grandchildren

He attends church, other events, No hobbies

No smoking or rec drug use

Drinks decaf coffee and tea since CABG

Previous history of alcohol intake, but stopped after his CABG

Weight fluctuates 10-20 lbs in past 10 years

## Review of Systems:

General: no fever, chills, malaise

Skin, hair nails: Toenails hardened for years w/ fungus- self treated

HEENT: headaches, recent bouts of unexplained dizziness. Wears glasses. Decreased hearing secondary to years of working in GE plant environment

CV: shortness of breath and chest pain occasionally. Doesn't always use Nitroglycerine to help chest pain

Endocrine: hypothyroid

Heme: bruises easily

Lymph: no enlargement

GI: BM qd, sometimes constipation, occasional indigestion/stomach upset attributed to meds "but Nexium helps the GI upset I get from taking the NSAID's. No blood in stool.

GU: typical "old man" problems- gets up 3-4 times /night to void. Hx enlarged prostate for past 15 years- bx always neg

MS: lots of pain in various places but most pronounced in lower back. Not positional, no radiculopathy. Dx w/ "fibromyalgia" in past. Trouble w/ balance. Uses no assistive devices.

Psych: denies sx of depression or anxiety, though claims to be "Type A"

Physical Examination:

General: Alert, oriented, cooperative

VS: BP 150/78, HR 62, Pain 8/10

Wt: 220 lb, Ht: 5'8"

Skin, hair nails: skin on lower extremities shiny, with few hairs. Toenails hardened. No clubbing or cyanosis

HEENT: normal

Neck: thyroid non-palp

Chest and lungs: Respiratory effort normal. No use of accessory muscles. Lungs clear

CV: HRRR w/o m. Peripheral pulses decreased on LE. Bilat 1+ pitting edema of LE

Abd: soft, round

GU: deferred

MS: FROM w/ hesitancy secondary to pain and limited flexibility. Point tenderness at several places along spine, specifically at T12 – L1/L2. SLR painful at 30 degrees

Neuro: CN grossly intact. Waddling gait and abnormal balance. Hesitant movements transitioning from chair to standing