

**Physical Therapy Referral**  
**DX: Osteoarthritis Right Knee**

**Subjective Information**

**General Hx:** 77 year-old female lives unassisted with perception of good health; Self-administered Comorbidity Questionnaire score: 13/45  
**Medical/Surgical Hx:** Previous Skin Cancer, Previous Bladder infections, Scleroderma, R THR, Raynaud's Syndrome, Multiplex Vasculitis, Watermelon Stomach, R Inner Ear Crystallizations, Atrial Fibrillation, OA R Knee  
**Functional status/activity level:** Katz index: 6/6; Lawton IADL 8/8  
**Medications:** Calcium Carbonate, Cholecalciferol, Ferrous Sulphate, Metoprolol Tartrate, Rabepazole Sodiumec (Methotrexate and Folic Acid D/C'd)

**Objective Information**

- Decreased proprioception of right lower extremity
- Decreased balance of right lower extremity
- Pain in right knee when ascending stairs
- Decreased weight bearing on right lower extremity in standing
- Decreased ROM of right knee extension
- Decreased coordination and activation of right Vastus Medialis

**Musculoskeletal**

Decreased ROM right knee  
Decreased strength right knee  
Decreased balance in right-sided weight bearing  
Pain in right knee on ascending stairs  
Scleroderma can present as joint pain

**High Risk**

**Review of Systems**

**GI/GU**

No present complaints – reports a diet high in carbohydrates which increases risk of poor cellular nutrition, fatigue and confusion

**Moderate Risk**

**Vestibular**

Turning quickly triggers spinning sensation  
Sleeping on right side triggers spinning sensation  
Standing up quickly triggers spinning sensation

**High Risk**

**Integumentary**

Cold intolerance of hand bilaterally  
Hypersensitivity and tingling in feet bilaterally

**Moderate Risk**

**CNS**

No present complaints.

**Low Risk**

**Cardiovascular**

Sudden increase in heart rate with unknown trigger

**High Risk**

**Pulmonary**

SOB on exertion and with anxiety. Diagnosis of Scleroderma increase risk of pulmonary fibrotic changes

**Moderate Risk**

**Assessment (PT Diagnosis/Prognosis/Keep/Refer)**

Screening and exam findings indicate several systems at moderate-high risks of pathology. PT diagnosis is consistent with referral Dx of OA right knee

**Keep and Consult**

**Systems Review & Selected Tests and Measures**

Heart Rate; Blood Pressure two attempts  
Lying: 67; 108/53 Lying: 68/103/54  
Sitting: 73; 98/57; Sitting: 72; 104/56  
Standing: 76; 99/57 Standing: 77; 100/54  
Resting Respiratory Rate: 15 bpm  
6 minute walk test: 237 meters; RR 23bpm, HR 85 bpm  
Lower Extremity Functional Scale score: 35/80  
Manual Muscle Testing Right Knee Flexi and Ext: 4+/5  
Right One legged Stance Test three attempts:  
4.83 s, 1.81s, 81s  
Romberg with eyes open three attempts: 9s, 3s, 24s  
Vastus Medialis Coordination Test: Slow activation /weak execution  
Berg Balance Scale score: 53/56

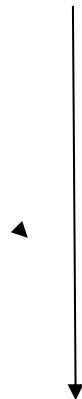
ROM right knee in degrees  
Flexion: Active 130/Passive 15  
Extension: Active -15/Passive -10  
Right knee ligament assessment: normal  
Stair ascend/descend test: 21 s (12 s asc.)  
National Pain Rating Scale score: 3/10 on asc  
WOMAC score: 41/96  
Neurological scan: no findings  
Tinetti POMA: 27/29  
Dermatome assessment: no findings  
Health Assessment Questionnaire score: .75  
Global Depression Scale score: 0



**Assessment (PT Diagnosis/Prognosis/Keep/Refer) (continued)**

**The patient has a fair prognosis**

Client presents with long standing changes to the right knee and comorbidities that could influence implementation of interventions. Based on Joan's high health literacy and strong motivation for functional improvement, program implementation will be adopted and full strength and range of motion are attainable; allowing for an increase in functional activity levels both inside and out of doors, which will result in maximized community integration for leisure. It is important to note that modifying factors such as slow transitional movements and deconditioning may delay outcomes



**Keep patient for  
physical therapy  
treatment**



**Refer/Consultations**

**ENT:** Management of inner ear crystallizations

**Cardiologist:** Medical and Pharmaceutical management of Atrial Fibrillation

**Family Doctor:** Management of Multiplex Vasculitis

**Massage Therapist:** Continued management of Multiplex Vasculitis

**Acupuncturist:** Continued management of Multiplex Vasculitis

**Endocrinologists:** on-going assessments for endocrine dysfunction

**Vestibular Physical Therapy:** Treatment of spinning sensation associated with inner ear crystallizations

**Dietician:** Dietary consultation