

**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, Rabeprazole 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

GI/GU

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

Moderate Risk

Review of Systems

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

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)
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



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

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