Musculoskeletal Function:

G.J. is a 71-year-old overweight woman who presents to the Family Practice Clinic for the first time complaining of a long history of bilateral knee discomfort that becomes worse when it rains and usually feels better when the weather is warm and dry. “My arthritis hasn’t improved a bit this summer though,” she states. Discomfort in the left knee is greater than in the right knee. She has also suffered from low back pain for many years, but recently it has become worse. She is having difficulty using the stairs in her home. The patient had recently visited a rheumatologist who tried a variety of NSAIDs to help her with pain control. The medications gave her mild relief but also caused significant and intolerable stomach discomfort. Her pain was alleviated with oxycodone. However, when she showed increasing tolerance and began insisting on higher doses of the medication, the physician told her that she may need surgery and that he could not prescribe more oxycodone for her. She is now seeking medical care at the Family Practice Clinic. Her knees started to get significantly more painful after she gained 20 pounds during the past nine months. Her joints are most stiff when she has been sitting or lying for some time and they tend to “loosen up” with activity. The patient has always been worried about osteoporosis because several family members have been diagnosed with the disease. However, nonclinical manifestations of osteoporosis have developed.

Case Study Questions

Define osteoarthritis and explain the differences with osteoarthrosis. List and analyze the risk factors that are presented on the case that contribute to the diagnosis of osteoarthritis.

Specify the main differences between osteoarthritis and rheumatoid arthritis, make sure to include clinical manifestations, major characteristics, joints usually affected and diagnostic methods.

Describe the different treatment alternatives available, including non-pharmacological and pharmacological that you consider are appropriate for this patient and why.

How would you handle the patient concern about osteoporosis? Describe your interventions and education you would provide to her regarding osteoporosis.

Neurological Function:

H.M is a 67-year-old female, who recently retired from being a school teacher for the last 40 years. Her husband died 2 years ago due to complications of a CVA. Past medical history: hypertension controlled with Olmesartan 20 mg by mouth once a day. Family history no contributory. Last annual visits with PCP with normal results. She lives by herself but her children live close to her and usually visit her two or three times a week.

Her daughter start noticing that her mother is having problems focusing when talking to her, she is not keeping things at home as she used to, often is repeating and asking the same question several times and yesterday she has issues remembering her way back home from the grocery store.

Case Study Questions

Name the most common risks factors for Alzheimer’s disease

Name and describe the similarities and the differences between Alzheimer’s disease, Vascular Dementia, Dementia with Lewy bodies, Frontotemporal dementia.

Define and describe explicit and implicit memory.

Describe the diagnosis criteria developed for the Alzheimer’s disease by the National Institute of Aging and the Alzheimer’s Association

What would be the best therapeutic approach on C.J.