Rotation 8: Family Medicine

Chief complaint: “I am of pain at the base of her left thumb x 4 weeks”
History of Present Illness:
A 54-year-old female with a PMHx of hypertension, type 2 diabetes, and hyperlipidemia presents with a 4-week history of pain at the base of her left thumb and wrist. The pain is localized to the radial aspect of the wrist and worsens with thumb movement, lifting, and gripping objects. She rates the pain as 7/10 and reports temporary relief with the use of hot water and Advil (taken 3 times daily). She also notes swelling at the site of the pain but denies radiation. The pain began after pushing a patient in a wheelchair as part of her job as a home health aide, which involves pushing patients 6 days a week. Additionally, she reports intermittent lower back pain for the past year, which worsens during the winter and with lifting or posterior extension. She denies numbness, tingling, weight loss, chills, headaches, chest pain, shortness of breath, nausea, vomiting, or diarrhea. She is perimenopausal and experiences regular symptoms of hot flashes.

Past Medical History
Hypertension
Type 2 Diabetes
Hyperlipidemia

Past Surgical History
Polypectomy (2022)

Medications
Amlodipine Besy-Benazepril HCl 5-10 MG Oral Capsule
EQL Omega 3 Fish Oil 1000 MG Capsule
Lidocaine 5 % External Ointment
Lipitor 10 MG Oral Tablet
Metformin HCl 500 MG Oral Tablet

Family History
Mother- 77, alive, healthy
Father - 67, deceased, diabetic
Sister - 60, alive healthy
Brother - 58, alive, healthy
Sister -57, alive, healthy
No history of cancer in family

Social History
Drink drinks alcohol monthly, 2-3 glass of vodka
Denies Smoking and Never smoker
Denies drug use
Walks for exercise per week
Home health aid

Lives with husband

Allergies
No known allergy to food, Medications or environments irritants

Immunization
Up to date with all immunizations

Review of Systems (ROS)
General: Denies fever and weakness, chills weight changes, fevers, night sweats, body aches,
• Skin: denies rash, sores, lumps, itching, color changes, hair, nails
• Head: denies headache, trauma, headache, nausea, vomiting, dizziness
• Eyes: denies glasses/contacts, pain, redness, tearing, vision loss, discharge, double/blurred vision, glaucoma
• Ears: denies hearing loss/aid, tinnitus, vertigo, earache, discharge
• Mouth/Throat: Denies hoarseness, voice change and sore throat bleeding gums, dentures, cavities,, dry mouth, difficult/painful
• Nose/Sinuses: Denies itching, stuffiness, rhinorrhea, sneezing epistaxis, allergies (perennial, seasonal)
• Neck: denies lumps/masses, goiter, pain, stiffness, swelling
• Respiratory: Denies dry cough, shortness of breath, wheezing, hemoptysis, pleurisy, snoring
Cardiac: Denies palpitations, chest pain, DOE, orthopnea, paroxysmal nocturnal dyspnea, syncope, lower extremity edema
• Gl: Denies nausea, vomiting, diarrhea abdominal pain, discomfort, reduce appetite, bloating, abdominal discomfort, dysphagia, regurgitation, indigestion, bowel movement frequency/color/size/caliber, changes in bowel habits,, constipation, bleeding (hemorrhoids, melena, hematemesis, hematochezia)
• Urinary: Denies frequency,, nocturia, hesitancy, urgency, dysuria, reduced caliber of stream Denies hematuria, incontinence,
• Female: Admits hot flashes, menarche 13. Denies hernias, dysmenorrhea, itching, discharge, sores, lumps,
• Vascular: claudication, edema, varicose veins, past clots
• Musculoskeletal: **Admits pain at the base of her left thumb, swelling, and pain with movement. Admits lower back pain.** Denies elbow, knee, shoulder joint pain, stiffness, arthritis, gout, weakness, redness, instability
• Neurological: denies seizures, numbness, tingling, paralysis, paresthesia, fainting, blackouts, burning, tremors
• Hematological: denies anemia, easy bruising/bleeding, petechiae, purpura, ecchymosis, transfusions
• Endocrine: denies heat/cold intolerance, sweating/thirst/hunger
• Psychiatric: denies nervousness, mood, anxiety, depression or suicidal ideation.

Physical Exam
Vital Sign
BP: 132/92
Pulse: 97

Temperature: 97.3
Height 5'2.0"
Weight: 193
BMI: 35.3

Constitutional: Not in acute distress. AOx3, well-developed. No diaphoretic
Head/Scalp/Face: NC/AT skull. No tenderness. No palpable mass. Even hair distribution.
Eyes: Normal pink conjuntiva; white sclera. PERRL, EOMI. Anicteric. No discharge/exudates.
Ears: Normal hearing. External canal is intact, no discharge. TM intact with no bulging, fluid, or blood collection noted.
Nose/Sinus: Symmetrical patent nares. No nasal flaring/grunting/discharge.
Mouth/Oropharynx: Good dentition. Moist mucous membranes. No oropharyngeal exudates or ulcers. No oral or gum erythema, swelling, or bleeding. No foreign bodies.
Neck: Neck symmetric and supple. Trachea midline. Full AROM. No JVD. Nontender. No palpable lymphadenopathy, masses, or goiter. No bruits.
Chest/Lung: Symmetrical expansion with respiration. No intercostal retractions, or tenderness. Breath sounds CTA bilaterally. No rales/wheezes/rhonchi auscultated. No fremitus.
Heart: Regular rate and rhythm. S1 and S2 heard. No murmurs, thrills, or clicks.
Abdomen: Soft, non-tender, non-distended. Costovertebral angle nontender. No palpable masses or organomegaly. No inguinal hernia. No palpable lymphadenopathy.
Extremities: No deformities, clubbing, cyanosis, or edema noted. Bilateral pedal pulses present. No visible joint swelling/erythema. Normal ROM.
Skin/Membrane: Skin warm to touch. Normal color. No lacerations or bruises. No rash, eczema, or ulcers.
Neurological: A & O x 3. No focal deficits. Cranial nerves II-XII grossly intact and symmetrical. No gait disturbance. No tremors. Neurovascular intact, sensation present.
Muscular: Normal tone. Full AROM. No obvious muscular atrophy or hypertrophy. No clonus. Left lateral wrist: No skin changes,. Tenderness in snuff box. No cyanosis. No Pain on flexion. Positive pain on extension of wrist. Inability to perform Finkelstein test due to pain. 1+ swelling on the dorsal aspect of left wrist. No tenderness of the sacral lumbar vertebral on palpation. No skin changes. Negative Tinel test. Inability to perform Phalen test
Mental Status: Dress is neat and clean. No memory loss. Normal affect. Good judgment.

Assessment:
A 54 y/o female with a PMHx of hypertension, type 2 diabetes, and hyperlipidemia, presenting with pain and swelling localized to the base of her left thumb and wrist. The pain worsens with thumb movement and gripping, which is exacerbated by her occupation as a home health aide. There is tenderness in the anatomical snuffbox, and a positive Finkelstein test was not possible due to pain, suggesting possible scaphoid Fracture or De Quervain's tenosynovitis. Additionally, she reports intermittent lower back pain with exacerbation during certain movements, likely related to mechanical strain from her work. Her symptoms and physical findings are consistent with a musculoskeletal or overuse injury, possibly tendonitis, in the left wrist.

Differential Diagnoses:

Scaphoid Fracture: Snuffbox tenderness is a hallmark sign of a scaphoid fracture. While the patient does not report any specific trauma, the repetitive wrist strain could still predispose her to this injury. A missed scaphoid fracture can lead to complications like avascular necrosis, making this an important consideration.

De Quervain's Tenosynovitis: Her occupation involving repetitive thumb and wrist movements, pain localized to the radial side of the wrist, and tenderness in the snuffbox. The inability to complete the Finkelstein test due to pain further points to this diagnosis.

Osteoarthritis of the thumb, carpometacarpal (CMC) joint: Chronic use and age can lead to degenerative changes in the carpometacarpal (CMC) joint, leading to pain, stiffness, and decreased range of motion, particularly with gripping and lifting, which the patient describes.

Carpal Tunnel Syndrome: Though primarily presenting with numbness or tingling, carpal tunnel can sometimes present with wrist pain and swelling. Her diabetes increases the risk of this condition.

Plan:
Ordered X-ray of the left hand/wrist with scaphoid view, To rule out fractures, scaphoid fracture and osteoarthritis. If the initial X-ray is negative but clinical suspicion remains, follow-up imaging (MRI or bone scan) to rule out an occult fracture.
Continued Advil (ibuprofen) as needed for pain relief but monitor for gastrointestinal side effects with chronic use.
Prescribed topical NSAIDs (diclofenac gel) to reduce pain and inflammation locally.
Thumb splinting: To immobilize the thumb and wrist and reduce strain.
Physical therapy: Referral for therapy focusing on wrist/thumb exercises to improve function and reduce inflammation.
Advised the patient to modify work activities, avoid repetitive thumb movements and heavy lifting as much as possible, and use ergonomic strategies.
Advised to avoid triggers such as hot drinks, spicy food, and alcohol and Encouraged her to continue regular walking, which can help improve overall well-being and possibly reduce symptoms of hot flashes.
Follow-up in 2-4 weeks to reassess with imaging results and monitor response to conservative management.