

**Phar 6112: Osteoarthritis (OA) Case**  
**March 12, 2009**

Linda Andresen is a 52-year-old woman who was diagnosed with OA in 1994.

**CHIEF COMPLAINT**

She stated that pain interferes with recreational activities and work. Weight management is difficult; she cannot jump or dance. Arthritis was affecting her knees, hips, and hands.

**PHYSICAL EXAMINATION (3/1/09)**

Height: 66.5" Weight: 206 lbs

HR: 74 bpm

BP: 134/88 mmHg

Pain rating on 0-10 scale: 5/10 continuously, 7/10 on exertion

**DEMOGRAPHICS:**

Married, lives with husband, 2 dogs, & cat

Insurance: husband has coverage through his work, they pay co-pays at MD office and pharmacy

**FAMILY HISTORY:**

Mother alive: has osteoporosis and some type of arthritis, unknown type, reports it developed as she got older

Father died from a stroke at the age of 80

**SOCIAL HISTORY:**

3-4 alcoholic beverages per week, usually on Friday night

Caffeine: 2 Diet Cokes daily

Smoke: No

**PAST MEDICAL HISTORY**

2 pregnancies, 2 live births, no surgeries prior to 1983 car accident

**PATIENT HISTORY**

In 1983 Linda was in a car accident and spent several months in the hospital. She had a steel rod placed in her left femur and a full cast on her right leg. She was in traction for two months. Doctors told her husband she would never walk again. Since this time, she was very inactive. She experienced pain in her knees and hips, stating "I used to hurt every time the weather changed; when I ran the vacuum I wanted to lie in bed afterward because it hurt so badly. For awhile I even had a handicap tag in my car because if I couldn't park close, I would not even go to the store." Linda tries diet after diet, but continually has trouble with weight management.

When she was finally diagnosed in 1994, her doctor told her she could not exercise on land, that aquatic exercise was the only thing she should do. She began exercising in the pool, taking an aqua class three days a week. She received physical therapy once for her arthritis, which focused mainly on a strengthening program, with a cardiovascular component.

Linda exhibited symptoms consistent with osteoarthritis. At today's evaluation she was not taking any prescription medication, although she was taking extra strength Tylenol as needed for pain. Her radiographs showed characteristics typical to OA; however, no apparent bony deformities were observed. Although she was diagnosed in 1994, she had been experiencing pain and stiffness in her knees for many years before that.

