

Case Scenario 1:

Patient Demographics:

- Name: Jabar Ali
- Age: 56 years
- Sex: Male
- Occupation: Office worker
- Marital Status: Married, two adult children
- Residence: Lives in an urban area

Chief Complaint:

- Primary Complaint: Severe pain in the right big toe for the past 24 hours.

History of Present Illness:

- He reports the sudden onset of intense pain in his right big toe approximately 24 hours ago.
- The pain started overnight, waking him up from sleep.
- Describes the pain as throbbing, sharp, and “excruciating,” with difficulty bearing weight or touching the affected area.
- Notes that the toe has become swollen, red, and warm to the touch.
- Rates the pain at 9 out of 10, which has not improved despite taking over-the-counter ibuprofen.
- Denies any recent trauma or injury to the foot or toe.
- Reports having similar, milder episodes of pain in the same toe in the past, but this is by far the worst episode.

Review of Systems:

- General: No fever, chills, or unexplained weight loss.

- Musculoskeletal: Pain limited to the right big toe; no pain in other joints.
- Cardiovascular: No chest pain, palpitations, or dyspnea.
- Gastrointestinal: Normal appetite; no abdominal pain, nausea, or vomiting.
- Genitourinary: No dysuria or changes in urination.
- Other Systems: Denies other symptoms.

Past Medical History:

- Hypertension: Diagnosed 10 years ago; controlled with medication.
- Hyperlipidemia: Diagnosed 5 years ago; on treatment with a statin.
- Previous Gout Episodes: Two previous mild episodes, self-limiting.
- Obesity: BMI 32 kg/m².

Past Surgical History:

- Appendectomy at age 22; no other surgeries.

Family History:

- Father: Died of myocardial infarction at age 70.
- Mother: Alive, age 80, with a history of hypertension and arthritis.
- Siblings: One brother, age 58, also has a history of gout.

Social History:

- Alcohol Use: Regular alcohol intake, 3-4 beers per week.
- Diet: High red meat intake; enjoys seafood, especially shellfish.
- Exercise: Sedentary lifestyle; minimal physical activity.

- Tobacco Use: Denies any history of smoking.

Drug History:

- Current Medications:
- Lisinopril 20 mg daily for hypertension.
- Atorvastatin 10 mg daily for hyperlipidemia.
- Occasional ibuprofen for joint pain or minor headaches.
- Allergies: None known.

Case Scenario 2:**Patient Demographics:**

- Name: Lama Mohamed
- Age: 68 years
- Sex: Female
- Occupation: Retired school teacher
- Marital Status: Widow, two children
- Residence: Lives alone in a suburban area

Chief Complaint:

- Primary Complaint: Chronic pain in both knees, worsening over the past 3 months

History of Present Illness:

- She reports a long history of knee pain that has gradually worsened, particularly in the past 3

months.

- Describes the pain as dull and aching, located mainly in the anterior and medial aspects of both knees.
- Pain worsens with activities like walking, standing for long periods, climbing stairs, or getting up from a chair.
- Reports morning stiffness lasting about 15-20 minutes, which gradually improves as she begins moving.
- Denies any recent trauma to the knees.
- Recently, she has experienced increased difficulty in performing daily activities, such as walking to the grocery store and gardening.
- Pain relief with over-the-counter acetaminophen has become less effective; takes doses several times a week.

Review of Systems:

- General: No recent weight loss or fever.
- Musculoskeletal: Pain, stiffness, and occasional swelling in both knees; no other joint involvement.
- Neurological: No weakness, numbness, or tingling in lower extremities.
- Cardiovascular: No chest pain, dyspnea, or palpitations.
- Respiratory: No cough or shortness of breath.
- Gastrointestinal: No abdominal pain, nausea, or vomiting.
- Genitourinary: No urinary symptoms.
- Other Systems: Denies other significant symptoms.

Past Medical History:

- Hypertension: Controlled with medication for the past 15 years.
- Type 2 Diabetes: Diagnosed 10 years ago; on oral hypoglycemic agents.

- Obesity: BMI of 34 kg/m² .
- Chronic Knee Osteoarthritis: Diagnosed 5 years ago, progressively worsening.

Past Surgical History:

- Cesarean Section: Twice, during childbirth in her 30s.
- Cataract Surgery: Right eye at age 66.

Family History:

- Mother: Had osteoarthritis, died at age 80 due to heart disease.
- Father: Died at age 78 from complications of diabetes.
- Siblings: Two sisters, both have knee osteoarthritis.

Social History:

- Tobacco Use: Never smoked.
- Alcohol Use: None
- Diet: Low in fresh fruits and vegetables; high in processed foods.
- Exercise: Limited due to knee pain, though she occasionally walks around her neighborhood.

Drug History:

- Current Medications:
- Lisinopril 20 mg daily for hypertension.
- Metformin 500 mg twice daily for diabetes.
- Acetaminophen 500 mg as needed for knee pain, usually taken 3-4 times a week.
- Allergies: None known.

Case scenario 3

Patient Demographics:

- Name: Sarah
- Age: 28 years
- Sex: Female
- Occupation: Office assistant
- Marital Status: Single, no children
- Residence: Lives with her parents in an urban area

Chief Complaint:

Persistent joint pain over the past month.

History of Present Illness:

- Sarah reports feeling unwell for the past several months, with increasing joint pain, mainly in her wrists, knees, and fingers. She describes the pain as achy and associated with morning stiffness lasting about an hour.
- She has felt increasingly fatigued, despite adequate sleep, making it difficult for her to manage her work responsibilities.
- Approximately two weeks ago, she developed a red, butterfly-shaped rash across her cheeks and nose, which becomes more noticeable with sun exposure.

- Reports intermittent low-grade fevers, especially in the evening, and occasional hair loss when brushing her hair.
- Denies any weight loss, though she has had a decreased appetite.
- She initially thought she might have the flu or a viral illness but has become increasingly concerned due to the persistence and variety of her symptoms.

Review of Systems:

- General: Fatigue, low-grade fevers, and decreased appetite; denies weight loss.
- Skin: Butterfly-shaped rash on the face; reports increased sensitivity to sunlight.
- Musculoskeletal: Joint pain and stiffness, mainly in wrists, knees, and fingers, with morning stiffness lasting about an hour.
- Renal: Denies any swelling in the legs or changes in urine color or volume.
- Neurological: Occasional mild headaches; no seizures or confusion.
- Respiratory: No cough, shortness of breath, or chest pain.
- Cardiovascular: No chest pain, palpitations, or peripheral edema.
- Gastrointestinal: No nausea, vomiting, or abdominal pain.
- Other Systems: Denies other significant symptoms.

Past Medical History:

- Anemia: Diagnosed a few years ago and treated with iron supplements.
- Photosensitivity: Known history of skin reactions when exposed to sunlight.
- Previous Unexplained Symptoms: Occasional joint pain episodes over the years, though never formally diagnosed with any specific condition.

Past Surgical History:

- Tonsillectomy: Performed at age 6; no other surgeries.

Family History:

- Mother: Diagnosed with rheumatoid arthritis.
- Father: Hypertension, no history of autoimmune diseases.
- Siblings: Two healthy younger brothers with no known medical conditions.

Social History:

- Tobacco Use: Never smoked.
- Alcohol Use: None
- Diet: Balanced diet, though appetite has decreased recently.
- Exercise: Sedentary due to fatigue and joint pain.
- Occupation: Reports stress at work due to recent increased responsibilities.

Drug History:

- Current Medications:
- Ibuprofen: 400 mg as needed for joint pain, usually 2-3 times per week.
- Iron Supplements: Occasionally takes for anemia, though often forgets.
- Allergies: None known.