

Case #1 - Gastrointestinal Pain

LW, 32 y/o Polish American male, presents to the Santa Ana clinic complaining of pain and discomfort upon bowel movement in his lower abdomen for the last two weeks. He has been experiencing bouts of diarrhea, bouts of constipation with some bleeding. He is also complaining of difficulty swallowing and fever of 38.8 C. He was diagnosed HIV positive two years ago and is prescribed Highly Active Antiretroviral Therapy (HAART). His last visit to the clinic was for a hemorrhoid problem, and was prescribed dietary changes. He has had several episodes of *Candida* esophagitis in the past.

Case #2 - Chest Pain

SG, a 59 y/o Irish American female presents in the clinic complaining of heaviness in the chest. Her husband has noted that his wife complains often of pain all over her body, shortness of breath, dizziness and weakness when walking, and heartburn. She has a positive history of heart disease, has Adult Onset Diabetes since age 55; has been taking hormone replacement therapy (HRT) for ten years; is a heavy smoker (two packs a day); eats high fat foods, does very little exercise; does not know when she was last tested for cholesterol levels.

She currently takes **Prempro** at a dose of one po QID; Metformin 500 mg tablet: One tablet/day

She is allergic to animal hair, dust.

Case #3 - Leg Edema

Mrs. B is a 91 year old Caucasian female who comes into the office regarding her “swollen legs.” For the past 6-12 months she has experienced marked swelling, which is more pronounced in her left leg. The swelling is present in the morning and worsens throughout the day. She denies PND, orthopnea, SOB, prior DVTs, heart disease, or lung disease. Nocturia 3x per night is common.

Her PMH and Surgical History includes

- Partial left nephrectomy in 2005 for renal cancer treatment, no chemotherapy or radiation
- Chronic Renal Failure
- Hyperlipidemia
- Cholecystectomy
- Arthritis in right shoulder with current physical therapy
- Hysterectomy with ovaries retained
- Right hip replacement, left knee replacement
- Cataract surgery bilaterally
- Tonsillectomy

Case #4 - PTSD Prognosis

JN, a 36 y/o Vietnamese American male is a combat veteran from duty in Iraq. He has motion sickness when riding in a vehicle, is experiencing sleep disturbances, shows signs of depression, has difficulty concentrating, and has been diagnosed with moderate post-traumatic stress disorder (PTSD). He also complains of intermittent pain from facial scars.

He experienced severe wounds in an Improvised Explosive Device (IED) explosion while riding in a Marine amphibious troop carrier. He suffered blunt force trauma to his head including several fractures of his face and jaws. A CT scan showed contusions to the frontotemporal and occipital areas of his brain (Coup-Contrecoup injury), as well as subdural hematoma in the same areas.

Within three hours of the initial injury, he complained of headache and showed signs of confusion, somnolence, and various focal deficits (loss of coordination, swallowing difficulty and choking). He also experienced episodes of painful vomiting, difficulty speaking, tinnitus and had two minor seizures. He underwent six surgeries to reconstruct the bones in his face. Several surgical evacuations were necessary to drain the hematomas.

Past Medical History includes the loss of a right lower incisor during a martial arts training before joining the marines, and a shoulder dislocation and minor concussion due to a fall from a troop-carrier during the second month of his current tour of duty.

Current medications include a daily multi-vitamin, and a variety of OTC NSAIDs (aspirin, ibuprofen, etc.. He has been prescribed oxycodone (20 mg twice per day) for pain.

Is allergic to Penicillin; animal hair, dust etc.

The patient states that he is “ready to get back to it” and asks when he can return to duty.

Case #5 - Pain in a Big Toe

MG is a 78 y.o. Caucasian female complaining of pain in her big right toe. She has had similar episodes in the past and experiences a burning pain that begins in the big toe and is constant.

Her past medical and surgical history includes a Hiatal hernia found via endoscopy in 2005, gastroesophageal reflux disease, hyperlipidemia, and vitamin B12 deficiency. She had a hysterectomy in 1978.

She currently takes Premarin 0.3g po; Cyanocobalamin, IM 1000mcg/mL, 3cc syringe

Her family history includes a father and two brothers with gout.