

Introduction

- Polymyalgia rheumatica is an immune-mediated disorder that affects nearly 1% of people over the age of 50 ¹
- Varying autoantibodies may be present including anti-intermediate filament, antimitochondrial, and antiphospholipid antibodies ²
- Symptoms include joint pain and stiffness which can significantly impact quality of life
- Patient evaluation involves careful attention to various differentials and consideration of long-term complications ³

Primary Aim

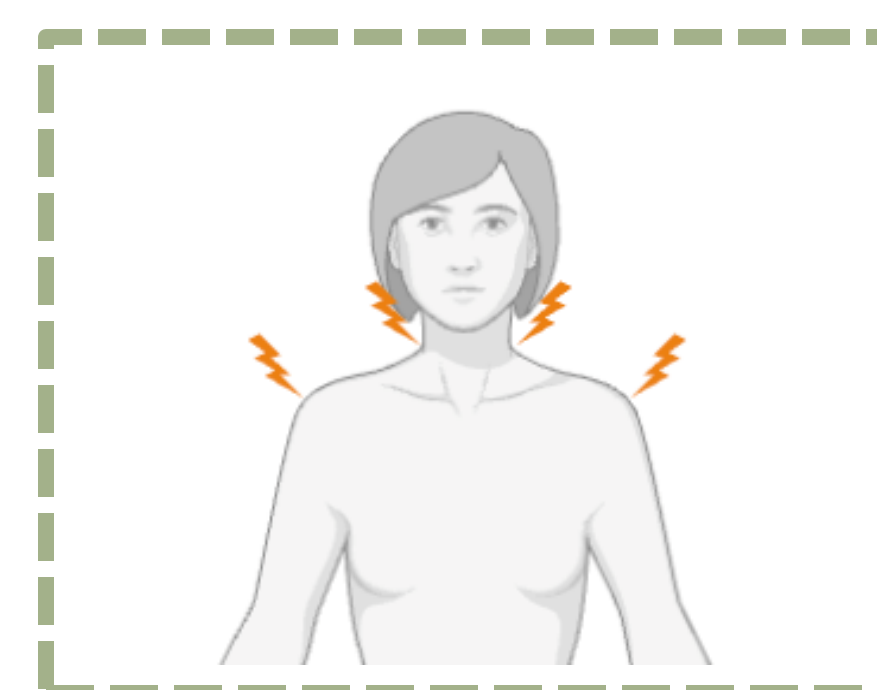
This case report illustrates how a physiatrist identified a previously overlooked diagnosis in an elderly patient with multiple comorbidities, emphasizing the value of careful evaluation in complex cases.

Case Description

84-year-old female presented to the ED with four weeks of persistent joint pain, present since previous discharge from hospital

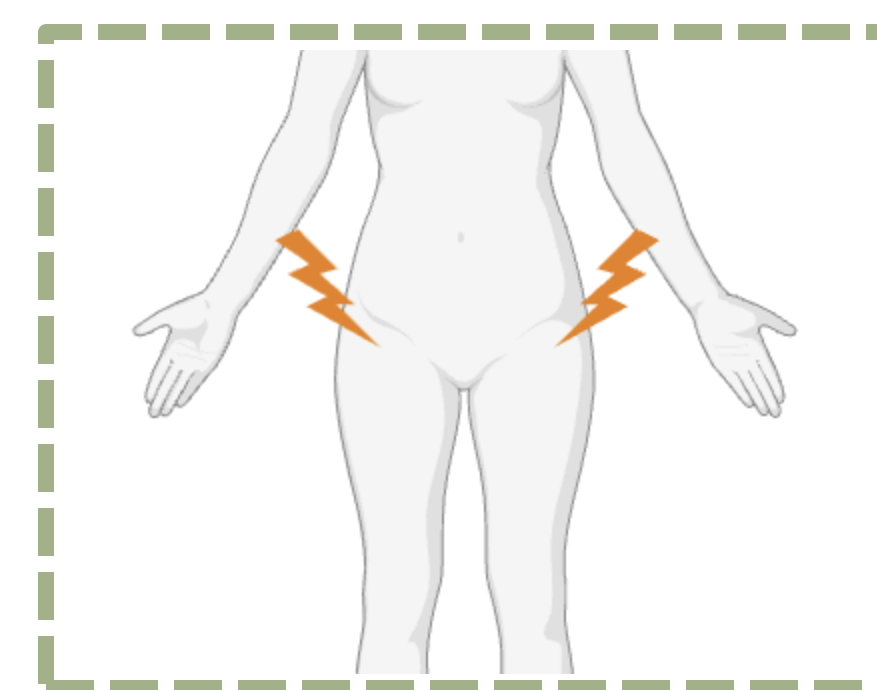
Medical History

- Acquired hemophilia
- CAD s/p stenting
- Chronic obstructive pulmonary disease
- Peripheral arterial disease
- Low back pain



Symptoms

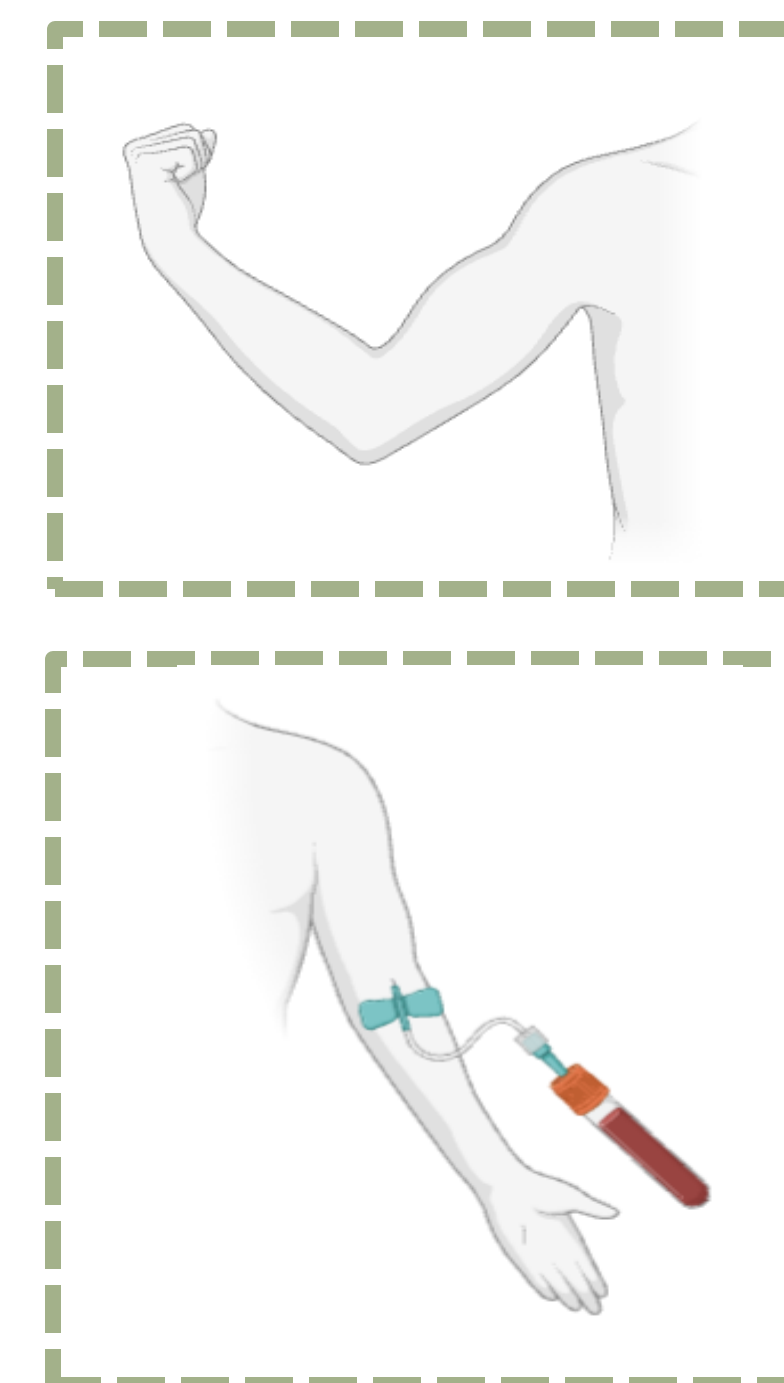
- Bilateral shoulder pain
- Bilateral hip pain
- Neck pain



ROS/Physical Exam

ROS & Exam Findings

- Pertinent positives:
 - Generalized tenderness over shoulders and hips
- Pertinent negatives:
 - Normal CV/resp
 - 5/5 strength
 - No headache/scalp tenderness
 - Absence of jaw pain
 - No vision changes



Test	Result
C Reactive Protein	Normal
Erythrocyte Sedimentation Rate	Elevated
Creatine Phosphokinase	Low
Lactate Dehydrogenase	Low

Table 1. Inflammatory markers and muscle enzymes

Clinical Timeline

- 03/25** Patient was admitted for Acute Coronary Syndrome (ACS)
- 03/30** Discharged after ACS intervention, new shoulder pain from procedure
- 04/08** Continued pain, worsening symptoms, readmitted to hospital
- 04/09** Imaging was taken and opiates were prescribed
- 04/10** PM&R was consulted, labs taken, and physical exam performed
- 04/19** Treated with steroids and inpatient rehabilitation, discharged home

Patient Outcomes

Initial Results

- Rapid improvement in pain/function with steroids
- Moved from MinA to Supervision in 1 week with inpatient physical and occupational therapy
- Discharged to home with supervision

Follow-Up

- Outpatient rheumatology for further monitoring and possible temporal artery biopsy



Primary Takeaway

The physiatrist's broad, function-based evaluation uncovered previously missed polymyalgia rheumatica, demonstrating how early physiatry involvement can prevent misdiagnosis and improve outcomes.

Discussion

- The patient's advanced age and comorbidities complicated the diagnosis, obscuring a systemic cause of pain
- Despite an initial consultation for pain management and discharge planning, a functional, broad differential led to the correct diagnosis
- A systems-based approach led to early identification and prevented disability, poor rehabilitation outcomes, and reduced quality of life

References

