The original documents are located in Box 37, folder "Ford, Gerald - Physical Examination - 1972" of the Betty Ford White House Papers, 1973-1977 at the Gerald R. Ford Presidential Library.

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R. J. PEARSON, M.D. F.A.C.P., F.A.C.C.

FORD, Gerald R.

CONGRESSMAN/MICHIGAN

PHYSICAL EXAMINATION Part-I

February 18, 1972

This is Mr. Ford's first routine annual physical examination since January 1970, and there has been no specific complaint in the past several months. Mr. Ford feels that he is quite healthy, able to live a vigorous life without symptoms. Since his last annual physical examination he has had a number of orthopedic problems but generally has had no incurrent illnesses.

SYSTEMS REVIEW

Eyes: He has always been nearsighted since early high school, but recently in the early morning he has noticed that newsprint is not clear. He has difficulty reading the batting averages, stock market and other fine prints. The nearsightedness that he has always had may have gotten

worse in recent years.

ENT: He has no trouble hearing. He is not bothered by any ringing in his ears, dizziness, vertigo, or unsteadiness. He states that he has always had a congenital draining from one of his sinuses, on the right, which in turn causes a need for clearing the throat and a cough. He can feel the accumulation of the postnasal dripping, which is a rather frequent cause for clearing the throat and coughing. He has never coughed up any blood.

Lungs: The cough mentioned above is associated with a postnasal dripping. Since he was 27 years old he has smoked a
pipe, 6-7 pipefulls per day, more when he is not active and
less when he is skiing or on vacation. He does not inhale.
He has never had any pleuritic pain, nor shortness of breath.
He has recently come from a skiing vacation where he skied
vigorously at the altitude of 10,000 to 12,000 feet. He is
also able to swim vigorously 10 minutes, twice daily, without
any cardiovascular symptoms.

Cardiovascular: No chest discomfort, pressure, tightness, indigestion. No palpitations, skipped beats, tachycardia, faintness, etc. No leg pain with exertion. No transient

numbness, disuse , etc.

Gastrointestinal: He has a good appetite, is able to eat everything except sourkraut, which causes him to have diarrhea.

R. J. PEARSON, M.D. F.A.C.P., F.A.C.C.

FORD, Gerald R.

CONGRESSMAN/MICHIGAN

PHYSICAL EXAMINATION Part-I (Con't) February 18, 1972

He states that several years ago on gastrointestinal series they thought they saw an ulcer scar, but he has never had any ulcer symptoms. Occasionally he has hemorrhoids, associated with constipation or exertional activities and has superficial bleeding on the stool and on the toilet tissue. Genitourinary: He has nocturia regularly, I time per night, occasionally twice if he has had a lot to drink. Occasionally under stressful circumstances he has hesitancy in starting his stream but he has no bleeding, burning, frequency, dribbling, etc.

Musculoskeletal: In 1958 he had the sudden onset of severe back pain where he could not get up or down and he had to be hospitalized at Bethesda. This was thought to be a muscle spasm. He has chronic knee problems from old football injuries, particularly on the right, which has fluid occasionally if he has a lot of trauma to the knee, such as skiing or walking. He injured his right shoulder while skiing early this year and he has had physical therapy to it. The pain is in the region of the insertion of the bicipital tendon. He has had some skin lesions on his nose and face, which have been looked at periodically by the dermatologists.

PHYSICAL EXAMINATION

Temperature: 98°.

Pulse: 60 and regular.

Blood Pressure: 110/70, both arms.

Respirations: 14 per minute.

Chest: 41" unexpanded. 43 1/2" expanded.

Eyes: Normal extraocular movements. Pupils are round, regular and react to light and accommodation. Ocular fundi show no vascular changes. Visual fields are normal

by confrontation.

Ears: Ear canals are relatively clear bilaterally. The right TM appears normal. The left drum appears slightly thickened and slightly inflammed. Weber and Rinne are normal. Nose & Throat: There are tobacco stained teeth but there are no oral lesions of smoking injury, no thickening of the mucous membranes or redness. The tongue appears to be normal, as does the pharynx. The nose shows the septum to be deviated to the right but otherwise is normal.

R. J. PEARSON, M.D. F.A.C.P., F.A.C.C.

FORD, Gerald R.

CONGRESSMAN/MICHIGAN

PHYSICAL EXAMINATION Part-I (Con't) February 18, 1972

Neck: Supple. Carotid artery pulsations are equal bilaterally without any murmur. Thyroid is not felt. There are no lymph nodes palpable.

Skin: There are several benign, non-pigmented nevi on the face, and some prominent blackheads on the tip of the

Lymphatic: No palpable lymph glands in the supraclavicular or infraclavicular areas, axillary areas, or groin. Chest: Normal expansion of the lungs. Breath sounds are clear and resonant. Percussion note is normal. Cardiovascular: Heart is normal size to percussion. palpation the apical impulse is well within the midclavicular line in the 5th left interspace. 1st sound is slightly greater than 2nd sound at the apex. A-2 is greater than P-2 and splitting is normal at the 2nd left interspace. There are no murmurs nor gallops.

Abdomen: Soft. Neither liver, kidney nor spleen is palpable. The abdominal aorta is palpable and does not appear to be enlarged. There is an old right lower quadrant scar which is about 2 1/2 to 3 cm wide and about 12 cm in length, from an appendectomy when he was four years old. Genitalia: Normal external genitalia with circumcision.

Testicles are normal. No hernia.

Rectal: Prostate is 1 - 2+ symmetrically enlarged, soft, without any nodularity. No stool is present in the rectum. There are large, external, hemorrhoidal tags, Peripheral Vascular: All pulses are palpable and equal. Neurological: Deep tendon reflexes are brisk and equal bilaterally. Babinski downward. Skin sensation normal all over.

Congressman Ford has a new problem which was picked up on his routine x-ray and will be called PROBLEM #9.

Abnormal x-ray finding on the chest-x-ray, nodular area in the left 1st interspace, peripherally, which was present on the 1970 film but not on the 1967 film. The radiologist (Dr. Turner) has suggested that the patient have laminography to try to determine the nature of this lesion.

As far as PROBLEM #7 is concerned, Mr. Ford has previously had high cholesterol and high triglycerides, and because of recent evidence of effectiveness of

R. J. PEARSON, M.D. F.A.C.P., F.A.C.C.

FORD, Gerald R.

CONGRESSMAN/MICHIGAN

PHYSICAL EXAMINATION Part-I (Con't) February 18, 1972

Clofibrate in reducing the instance of heart attack, in addition to lowering these variables, he agreed to take Clofibrate, 500mgm q.i.d.

Other active problems remain:

- #1. Chronic arthritis, traumatic, both knees.
- #2. Nasal septal deviation.
- #4. Chronic sinusitis.

PLAN

1. Consultations regarding his change in visual acuity with the eye department; orthopedic department regarding the chronic arthritis in his knees and his shoulder discomfort; urology for prostate; gastroenterology for routine sigmoidoscopy. It is planned at the present time to have these consultations at the Naval Hospital on February 25, 1972. ALSO LAMINOGERERY 2/25/72

FREEMAN H. CARY, M.D.

rlm

R. J. PEARSON, M.D. F.A.C.P., F.A.C.C.

FORD, Gerald D.

Congressman, Michigan

PHYSICAL EXAMINATION - PART II

April 24, 1972

Regarding Problem #1 - Chronic Arthritis, both knees - he was seen in orthopedic consultation by the Orthopedic Department, Bethesda Naval Hospital and there opinion was that he had a tear of the right lateral meniscus of the knee and recommended that he have knee suregry at his convenience and that he continue his physical therapy to strengthen the quadriceps.

Regarding Problem #7 - Hypercholesterolemia - he was placed on Atromid-S, 500mgms. q.i.d.

The new problem, Problem #9 - Abnormal Density on X-ray, Chest - turned out to be pleural capping on laminography.

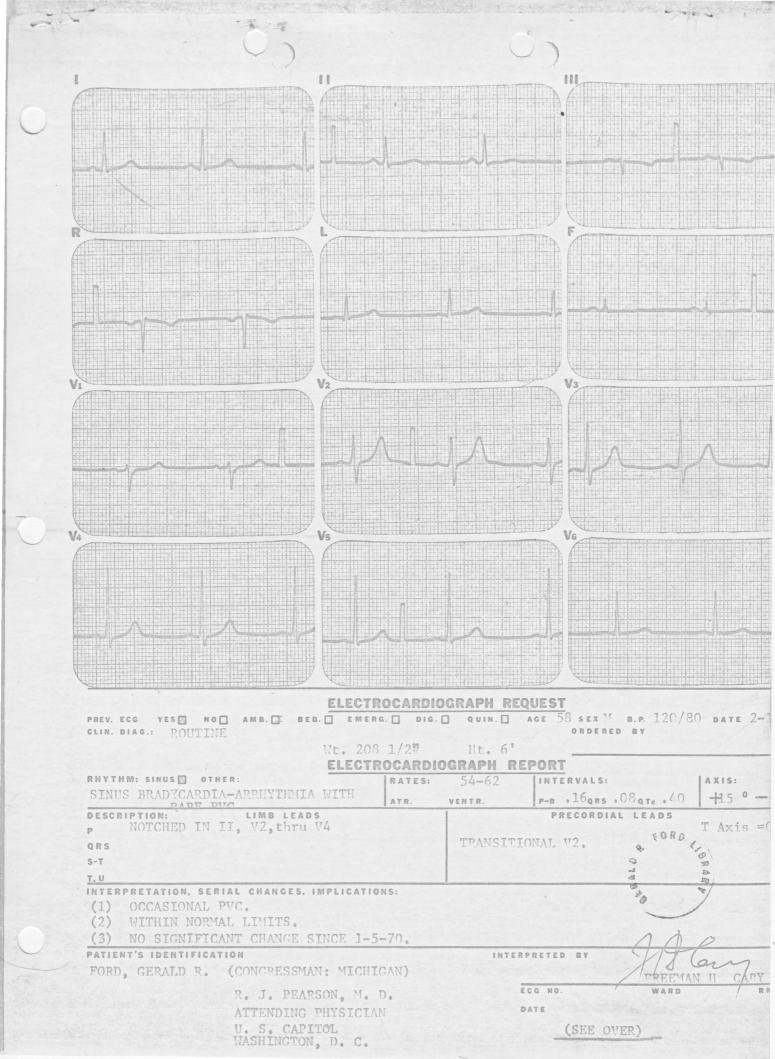
His shoulder discomfort turned out to be bursitis.

The remainder of his consultations and work-up revealed know significant abnormality.

F. H. CARY, M.D.

wfw









Cong & Ford 2-16-72

This is a corrected copy of Narrative Summary on the July, 1972, admission for Congressman Ford. Please substitute for the copy now on file.

Patient Affairs, Naval Hospital, Bethesda, Md.



CLINICAL RECORD

NARRATIVE SUMMARY

DATE OF ADMISSION

DATE OF DISCHARGE

NUMBER OF DAYS HOSPITALIZED

502.108

7-9-72

7-22-72 (Sign and date at end of narrative)

FINAL DIAGNOSTS:

INTERNAL DERRANGMENT RIGHT KNEE. POST OPERATIVE HEMATOMA, RIGHT KNEE. KERATOTIC NEVI, LEFT LOWER EYELID AND RIGHT CHEEK. SUMMARY:

This 59 year old Congressman from Michigan has a history of trauma to the right knee in 1929 while playing football. He had pain and effusion and following this, he had some persistent difficulty with pain and use of the knee. He was able to use the knee despite the somewhat limited motion and pain on use, but during the last six to nine months, he had noted recurrent effusion with a catching sensation in the lateral aspect of the joint. This usually followed some sport such as skiing and he had relief of the effusion and pain with rest. Due to the persistence of pain and effusion on activity, he was referred here for evaluation.

Physical examination is normal with the exception of the lower extermities. There is a well healed scar on the left lateral aspect of the left knee. On the right knee, he has some synovial thickening with pain and clicking on McMurray's test laterally. The remainder of the examination is normal.

Hospital course: The patient was admitted for surgery to the right knee. During his pre-operative evaluation, he was noted to have abrasion over the left tibia and he was therefore observed for several days. The abrasion did not have any drainage and appeared to be healing well and without difficulty, so he was operated upon on 12 July 1972 and a right lateral meniscectomy was performed.

Following this procedure, a keratitic lesion from the left lower eyelid and a nevus from the right cheek were excised under local anesthesia and closed with 6-0 nylon sutures. A dressing was applied to the right cheek area. The popliteal tendon had to be released from the posterior part of the meniscus and was repaired at the time of closure. The post-operative course was benign. He did have an episode of erythema over the wound three days post-operatively and a hematoma was removed. The wound was opened slightly at its posterior margin to allow the hematoma to be removed, but he had no other difficulty. The patient was therefore discharged on 21 July 1972 to be followed at the Capitol for physical therapy and rehabilitated.

APPROVED:

J. F. LOVEJOY JR

LCDR MC USNR

D. WILSON, CAPT MC USN CHIEF OF ORTHOPEDICS if more space is required)

SIGNATURE OF PHYSICIAN

DATE

IDENTIFICATION (For typed or written entries give: Name-last, lirst, middle; grade; date; hospital or medical facility)

NARRATIVE SUMMARY

Standard Form 502

FORD, GERALD R., CONGRESSMAN, MICHIGAN NAVAL HOSPITAL, BETHESDA, MARYLAND



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Hematocrit	42-47	50						
White Blood Count	5–10	5.8						
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Bands	0-3							
Lymphocytes	20–40	38		Start St				
Eosinophils	0-3	7						
Basophils	0-1							
Monocytes	2–8							
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(Female)	0–20MM/1 Hr.							
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Sodium	133–145	144						
Potassium	3.5–5	4.1						
Chloride	95–108	105						
Carbon Dioxide	20–30	27						
Phosphate Total Protein	2-3.5 6-8.4	4.3						
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Cholesterol	150-250	251						
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Ford, Gerald

ATTENDING PHYSICIAN
U. S. CAPITOL, WASHINGTON, D.C.
CONSOLIDATED LABORATORY REPORT

First DATE Color Specific Gravity 1.016 1.020 5 Albumin Sugar 0 Occult Blood MICROSCOPIC: White Blood Cells Red Blood Cells Epithelia Bacteria Crystals Casts Mucous orc most NORMALS-BENCH 15.6 15.8 Hemoglobin 14-17 16.6 Hematocrit 42-47 48 49 5-10 White Blood Count 5.4 6.4 DIFF: Neurtrophils 50-70 0-3 Bands Lymphocytes 20-40 36 24 0-3 Eosinophils 3 0-1 Basophils 2-8 Monocytes 0-9MM/1 hr. Sed Rate (Male) 2 0-20MM/1 hr. (Female) 150-250 Cholesterol 295 P04 2.3-5 4.0 Uric Acid 3.5-7.5 6.6 7.0 .6-1.6 Creatinine 0.95 1.0 133-145 Sodium 139 139 Potassium 3.5-5 4.4 4.6 95-108 Chloride Carbon Dioxide 20-30 6-8.4 Total Protein Albumin 4-6 8.9-11 10.2 10.2 052(IU)0.13.0.54 Acid Phos 0.18 0-18 Alkaline Phos 9-35(IU) 22 8-35 SGOT SGPT 0-35 24-78(IU) LDH 30-60 10-24 BUN .1-1 Bilirubin, Total 0.5 Bilirubin, Direct .05-.31 cose, Fasting 65-110 cose, 1 hour Glucose, 2 hour

Orthotoludine Method

(3h.)

GPO: 1970 O - 51-622 (No. 1)

CONSOLIDATED LABORATORY REPORT (Page 2)

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Stool Culture					
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Stool, Occult Blood					
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MISCELLANEOUS TESTS

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SUMMARY SHEET

FORD, GERALD R.

25APR72

CONGRESSMAN, MICHIGAN

ACTIVE PROBLEMS

INACTIVE PROBLEMS

1. MUSCULOSKELETAL

A). CHRONIC ARTHRITIS KNEES,

WITH MEDIAL MENISCUS TEAR.

BURSIŢIŞ(R) & (L) SHOULDERS.

B).

C).

BURSITIS(R) & (L) SHOULDERS.

(R) MEDIAL EPICONDYLITIS.

FRACTURED (R) CLAVICLE -

D). FRACTURED (R) CLAVICLE - AGE 14.

NASAL SEPTAL DEVIATION.

EXTERNAL HEMORRHOIDS

4. CHRONIC SINUSITIS/RHINITIS.

5. CRYPTITIS.

6. MILD OBESITY.

7. HYPERCHOLESTEROLEMIA/HYPERTRIGLYCERIDEMIA (?TYPE II ABNORMALITY).

8. HYPERURICEMIA/GOUT.

9. APPENDECTOMY - CHILDHOOD.

MEDICATIONS AND MANAGEMENT

A). ORTHOPEDIC CONSULTANT RECOMMENDS SURGERY.

3.---

4. SUDAFED.

5.

2.

7. DIET, ATROMID-S

9:

FAMILY HISTORY

MOTHER DIED AT AGE 71, ACUTE MYOCARDIAL INFARCTION, WAS DIABETIC. FATHER DIED AGE 72, FROM A FALL.

THREE HALF BROTHERS, ONE IS ASTHMATIC

P.E. 2/18/72 D.O.B. 7/14/13

TELEPHONE: OFFICE - 225-3831 HOME - 751-0177



Standard Form 513 Rev. August 1954 Sureau of the Budget Circular A-32 S/N 0109-201-2602

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TO:	FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST
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REASON FOR REQUEST (Complaints and finding	(a) USNH, BETH., MD.	

Followup appointment

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CAL	BEDSIDE ON		

ORTHOPAEDIC CLINIC 13 DECEMBER 72

Congressman Ford had difficulty with his right knee and had a lateral meniscectomy in July 1972. Post-operatively, his knee was rehabilitated with little difficulty.

ON EXAM TODAY: There is no effusion. There is some mild thickening of the synovium and he has pain on compression of the patella. Medial, lateral and collateral ligaments appear to be stable. His drawer sign is negative. There is some mild tenderness on full flexion of the knee, postero-lateral aspect of the knee at the surgical incision. The remainder of the exam was WNL.

IMPRESSION: The patient has done very well in his post-operative rehabilitation program, and it is expected he should have little difficulty with his future. We plan to see him PRN and he should return to full activity as tolerated.

(Continued on reverse side)

SIGNATURE AND TITLE

ATE IDE

IDENTIFICATION NO.

ORGANIZATION

JOHN F. LOVEJOY, JR., LCDR MC USNR 12/13/72 ASST. CHIEF, ORTHOPAEDICS

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

CLINIC

FORD, GERALD CONGRESSMAN, MICHIGAN OPD #1-05-38

CONSULTATION SHEET Standard Form 513 Standard Form 513 Rev. August 1954 Bureau of the Budget Circular A-32

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	CONSULTATION REPORT	



	(Continuo	d on sources aids)		
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ATIENT'S IDENTIFICATION (For type middle;	ed or written entries give: grade; date; hospital or m	Name—last, first, REGIS	TER NO.	WARD NO.
Ford, St	evall		Stand	TATION SHEE

HEALTH RECORD	CHRONOLOGICAL RECORD & MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
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7/25/72	Exam: Moderately Louise effesso
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Standard Form 600
February 1969
General Services Administration and Interagency Comm. on Medical Records
FPMR 101-11.809-3
600-103

Standard Form 513 Rev. August 1954 Bureau of the Budget Circular A-32 2325.72

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PORT, GREATH H. MICH. RETURN TO ATTENDING THY ICIAN U. CAPITOL. DDE 07-14-10 CONSULTATION SHEET

AND
TO: ORTH ANTENDENCE PHYSICIAN SOUPLICE DATE OF REQUEST 72
REASON FOR REQUEST (Complaints and findings)
Day Change and the
EVALUATION OF RT. SHOULDERIC STATE
1 CLS Description Company
INJURY & OLD RT. KNEE PROBLEMS.
Respectfully (3
beoriaionar divengaiaglad to do his surgery at his convenience.
Thank you very must not sending be this very interesting patient. We will be be be an entered and to do his surgery at his convenience
[전문 사용 :
DOCTOR STONE LINE LA STONE OF THE PLACE OF CONSULTATION STONE OF EMERGENCY ROUTINE TO
R. J. TARBUM, JR. MO 9130 110 H. LO GEL BEDSIDE ON CALL ROUTINE
King me, nead We plan to do consertation: WEDOM, WE also to the large, and it was
The partition of the partition of the same of the kide, it is our
MH BETHESDAR to PI, do a hand program or Non exercises, the pt was presented
FEB1972 Current effusion and instability in the right knee.
current effusion and instability in the right knee.
This 58 y.o. gentleman developed shoulder pain,
M. C. 5.5 210M: poright, approx. 16 JAN 73. To He had had no difficulty before a
skiing trip, and after several weeks of skiing, he noted some
an any pre and provided that sleeping on the stomach with his shoulder ABDucted
and his head on the hand, which was the normal way he sient.
of the man real pain in the shoulder. He also noted he had to change his
sleening habit due to the pain and on arising in the morning, ther
was stiffness and limited ABDuction of the right shoulder.
He was seen by Dr. Pearson following the skiing trip and treated with oral medi-
cation, injection and PT with some gradual improvement was 12 Mar Ou 6xsm
The ptois having some difficulty with his right knee, which he dates to a football
injury occurring in 1929 a At that time, he injured both knees, had subsequent
difficulty of the deft knee and requiring an operation in 1933 which was probably
a lateral meniscectomy.pr Hashas had no significant difficulty with this knee
following surgery, . However, his right knee has given him problems following
exercise. This consisted of effusion provoked by exercise and relieved with rest
With this fall, he developed a new symptom, which was instability of the knee.
He moted after walking and external ly notating the foot, there was a grinding
sensation in the lateral aspect of the deg. He noted lying in bed in a relaxed
position, a some movement caused discomfort in this area a Also aften making a
SIGNATURE AND TITLE 31 10 B 3 B COPPATE THE MENTIFICATION NO. ORGANIZATION OF HOUSE
speech or standing, he would guard his right knee as he would have a
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) WARD NO.
10
RETITE CONSUMTATION SHEET SHE

RETURN SHEET SHARE ATTENDING PHYSICIAN ROOM H-166 U.S. CAPITOL

PATIENT'S IDENTIFICATION (For typed or viriten satures give Name-last, first, middle, grads, data; hospital or modical (soluty).

PROTEINS OF SECTION FORDY ON PARTY BY BIGHT

speech or standing, he would guard his right knee as he would have a egrading sensation and a feeling the knee was going to give way. He has odone physical therapy for the diee and had no difficulty with effusions a dialdowing his skiding this wear of but due to the persistent instability x gives Honas materned there wi Pastudy x ris mon contributory he foot, there was a grinding exHANNETCAL EXAM: The broke on adopt bhasical doughtion er gram and the Treptoich was that this fall, he developed a new symptom, which was instability do the knee. upper shoulder shows pain on palpation of the suppaspinatous tenden and s the dang head of the biceps in the bicepital groove of the humerus. There gis a normal ROM of the cervical spine with no pain on motion, and a neg Spunling's test. There is Limited ABDuction, external and internal rotation nof the right shoulder, with pain on extremes of these motions of The motor of the exam of both upper extremities and the neurological exam is WNL. On examnd ning the right knee there is mild effusion . There is some loss of quadriceps tone with a measurable decrease in the size of the quadricers of z" -9" above the tibial tubercle. There is no pain on compression of the patella, of the medial and lateral collateral ligaments, as well as the anterior posterio ligaments to be intact con extension of the knee - there is an audible and palpable click over the lateral meniscus. He also has a positive Appley's grinding test for a lateral meniscus injury o scargent. In

(I) skills this sug siter several weeks of skills he noted some IMPRESSION: Bursitie of the right, shoulder, resolving with present therapy. (2) Tear of the night lateral menisous of the knee was generoled eventues being

DISPOSITION: Recommended he Continue wis therapy to the right shoulder and in addition to PT, do a home program of ROM exercises. The pt was presented to Capt Wilson and his findings were the same on the knee. It is our feeling that he should have a lateral meniscectomy of the knee, and it was recommended. We plan to do this at his convenience, which will probably be Fin July 72. We would also like him to continue his PT in the interim, to protect the knee from further quadriceps atrophy and effusion.

Thank you very much for sending us this very interesting patient. certainly be glad to do his surgery at his convenience.

Respectfully John F. Lovejoy, Jr., LCDR MC USNR Orthopaedic Service

0 2-25-72

CLINICAL RECORD	CONSULTATION SHEET	
TO: 6-1 REASON FOR REQUEST (Complaints and finding)	AFTEMDING PHYSICIAN'S OFFICE /8	File 72.
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	RETUR	ONSUTTATION SHEET Vandary Form 513 513-104-02

FORD, CECALD F. MICH.

RETURN TO ATTEMPTED

FOR ICIAN OF CAPITOL

OD 07-14-13

RETURNING PHYSICIAN
ROOM H-166 U.S. CAPITOL

Standard Form 513 Rev. August 1954 Bureau of the Budget Circular A-32 2-25-72.

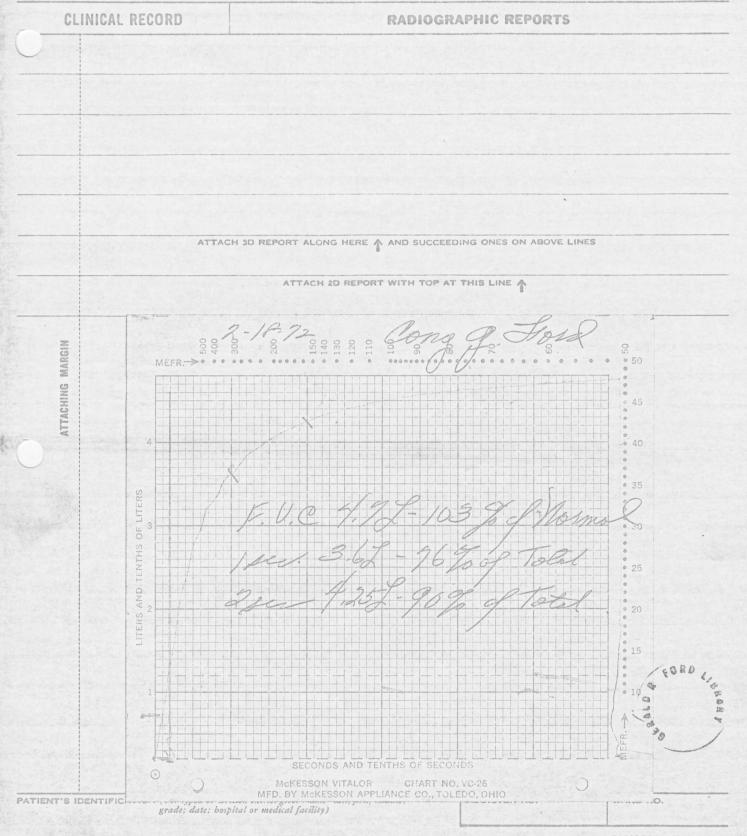
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CONSULTATION SHEET

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RADIOGRAPHIC REPORTS

Standard Form 519 519-106

7-25.72

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PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

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CONSULTATION SHEET
Standard Form 513
53-104-02

WARD NO.

ROOM H-166

REGISTER NO.

DATE	PROGRESS NOTES
9/2//1	Small thorn runned from beel - present 10 days at
	lun.
7JAN72	Minor Problem. Pain in right shoulder. Subjective: Mr. Ford was skiing over the holidays and suffere no overt trauma to his right shoulder but has noticed a mild anterior right shoulder pain, particularly on elevation. Physical examination was unrevealing, as were the x-rays. Plan: (1) Rx - a. Brief course of Butazolidin. b. Heat and rest for three days, then resume exercise. c. If no improvement to see orthopedists. (2))x Q. x-RAYS NORMAC
	J. BRIAN SHEEDY, M.D. rlm
20JAN72	Since he was given the Butazolidin, the shoulder did improve but then with the excessive hand shaking the last few days, there has been a recurrence of the pain just about over the insertion of the bicipital tendon. The pain is aggravated when he puts his hand over his head or in marked external rotation and abduction. We injected the point with Lidocaine and Celestone and suggested that he continue to get heat for the next 2-3 days. R. J. PEARSON, M.D. wfw
7FEB72	Telecon with Captain Turner, Radiologist, NH, Bethesda, says that he has discovered a lesion just below the first rib, far-out laterally, on the left that looks as though it is pleura based. In retrospect he can see the same small lesion in last year's film, but it was not present in 1967. He feels this deserves laminograms.
	R. J. PEARSON, MD. wfw
25FEB72	Dr. Miller of the Radiology Department at Bethesda Naval Hosp called regarding Congressman Ford's laminogram. He states that in his opinion and also that of Dr. Armstrong, the laminogram shows apical pleural scarring, which is present also to some degree on the right side. He felt that this had been present for some time and was no cause for alarm. Did not recommend any acceleration in the routine x-rays that we have been getting.
THE PLANT	Deen getting.
	F. H. CARY, M.D. rlm
	Q CORD (, g

OFFICE OF ATTENDING PHYSICIAN

UNITED STATES CAPITOL WASHINGTON, D.C.

DATE	PROGRESS NOTES
25FEB72	ADDENDUM TO PREVIOUS ENTRY OF THIS DATE:
	Telephone conversation with Congressman Ford. Mr. Ford was
	given the information regarding his laminogram showing apical
	pleural scarring, and he stated that Dr. Lovejoy of the ortho-
	pedic department suggested that he have his right knee operated on to remove some cartilage. The consultation has not yet
	returned from Bethesda. Mr. Ford states that he does not have
	the time this year to have it done but he would early next year
	As soon as the consultation is back, or I have talked with Dr.
	Lovejoy, I will have more information about the urgency of the
	knee operation.
	111
	y stay
	F. H. CARY, M.D. rlm
12JUL72	Telephone conversation with Dr. Lovejoy, Bethesda Naval Hospita
12001172	orthopedic department. Surgery on the right knee just
	completed, which was very difficult because of the severely
	torn-up meniscus, necessitating taking down part of the popliteus tendon to complete the repair. Estimation of
	recovery time is unchanged and he should be able to be on
	the House Floor on Monday, July 17th for business.
	02/7
	F/H/ CARY, M/D. rlm
	F./ HV CARY, M/D. rlm
17JUL72	Telephone conversation with Dr. Lovejoy, Bethesda Naval Hospita
	.Dr. Lovejoy opened the knee incision on Saturday because of the
	fever and some joint effusion and expressed some blood from the
	knee joint, which he felt was the cause of the irritation of the
	knee and also the fever. Apparently the fever subsided after h
	did this. He will plan to keep him overnight for several more days until he is certain that there is no infection in the knee
	joint.
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	I/J Cary
	F. H. CARY, M.D. rlm
	2000
	/& · · · ·

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DATE	PROGRESS NOTES
26JUL72	Problem: Post operative knee. SUBJECTIVE: Congressman Ford thinks that his knee is a little bit swollen today compared to yesterday. It is not particular painful. He has not had any physiotherapy or heat to his knee yet today. OBJECTIVE: The knee is swollen. There is moderate joint effusion. Inferior to the "hockey Stick" scar there is a 2 to 3 centimeter border of erythema which is warm and over the superior part of the scar, extending up to the patella is an area of erythema which is warm. ASSESSMENT: I described these findings to Dr. Wilson, who saw Mr. Ford yesterday and removed the suture from his knee. He
	feels that the findings are different, but perhaps related to being up and about and perhaps kare avastic some of the fluid in his knee joint into the soft tissue. He would be happy to see Mr. Ford this evening or tomorrow morning, should Mr. Ford desire to have his knee examined. This message was given to Mr. Ford and he decided to see how his knee progressed during the night before he decides to go out.
	F. H. CARY, M.D. wfw
2·7JUL72	Problem: Post operative knee.
	O: The knee remains swollen today, with effusion. The erythe and warmth has subsided considerably since yesterday. He is planning to go to St. Louis this afternoon, will return this evening and will have it checked again tomorrow. There is decided improvement.
	F. H. CARY, M.D. rlm
28JUL72	PROBLEM: Post operative knee. Seen in his office. The right knee perhaps is slighlty more effused than it was yesterday. He had a long difficult day yesterday, going to St. Louis and coming back and being on his knee a great deal of the time and giving a 45 minute speech. There was some pain medially, but not great. After talking to Dr. Lovejoy it was felt that the best course of treatment was to stay off the knee as much as possible over the weekend, to take two aspirins four times a day and keep his feet elevated. We will reevaluate him on Monday, July 31.
	F. H. CARY, M.D. wfw
	- 6080

GPO: 1968 0-94-871

OFFICE OF ATTENDING PHYSICIAN

UNITED STATES CAPITOL WASHINGTON, D.C.

DATE	PROGRESS NOTES
JUL72	Problem - follow-up postoperative knee.
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	S: Since last seen, on 28 July, the right knee has remained swollen, warm and erythemic. He states that he was not able to stay off his knee as much as what he would have liked for
	the past several days. He does state that to him the knee loc somewhat better this morning and the incision is not as red.
	O: Exam of the right knee still shows considerable amount of effusion. There is some erythema to the lateral portion of the incision of the right knee. No active drainage.
	A: He is to follow-up with Dr. Wilson in the morning for fur- evaluation of knee and possible aspiration.
	Ragellus
	R. E. COLLINS, II, M.D. rlm
15AUG72	Telephone conversation with Dr. Lovejoy. Continued improvement. Mr. Ford has now been graduated to a walking cane.
	Jeg / Co
	F. H. CARY, M.D. rlm
7AUG72	Follow-up post-operative right knee. S: Mr. Ford seen today in PT for reevaluation of right knee.
	He has improved over the past several days. He was seen by Dr. Lovejoy on Tuesday (2 days ago) and it was suggested at that time if the effusion does not improve, he should return
	before attending the convention for possible tap. O: Exam of the right knee shows some resolution of the effus The incision is well healed without erythema. Mr. Ford is
	tolerating 15 pounds of flexion-extension exercises. In telephone consultation with Dr. Lovejoy today, he suggested to defer any tap and to continue as directed.
	A: Postop right knee with resolving effusion. P: Continue as directed. To return in Dr. Lovejoy on Sep. 1 for follow-up.
Comment of section	Palolling.
	R. E. COLLINS, M.D. rlm
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(First)

(Last)

(State)

(Allergies)

DATE	PROGRESS NOTES
30CT72	Problem - avulsion left shin. S: Yesterday he scraped his left shin with his briefcase while walking from the plane. The avulsion is in the same area of hi
	accident in June en route to China and he was concerned about i because of the infection that he had subsequent to that injury.
	0: A 1.2 X 0.8 cm. superficial avulsion of the midshin with no surrounding erythema.juJust above it there is a small bruise of about lcm.
	P: Clean with pHisoHex and use Bacitracin Ointment covering with bandaid. Will check again tomorrow.
	A STATE OF THE STA
	F. H. CARY, M.D. rlm
30CT72	Post-op. right knee surgery.
	Now doing the PRE's up to 42.5 pounds on the right knee, 50 pounds on the left. Beginning to do some running in place, walks virtually normal except climbing stairs he has some
	difficulty.
	A: Remarkable progress since July 12, 1972.
	F. H. CARY, M.D. rlm
60CT72	Problem - skinned left shin.
	O: No evidence of infection. I believe the bandaid is probably more irritating than the good that they are doing and suggest that we just omit them. Continue to use Bacitracin.
	JA Comy
	F. H. CARY, M.D. rlm
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OFFICE OF ATTENDING PHYSICIAN

UNITED STATES CAPITOL
WASHINGTON, D.C.

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Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A—32
S/N 0109-201-2602

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		CONSULTATI	ON REPORT				
13 DECEMBER 72 Congressman Ford had cectomy in July 1972. little difficulty. ON EXAM TODAY: There synpvium and he has no	is no ef	perative fusion. '	ly, his knee was There is some mon of the patel	s rehabil ild thick la. Medi	tening of the		
and collateral ligame There is some mild to aspect of the knee at was WNL.	enderness	on full	flexion of the	knee, po	stero-lateral		
IMPRESSION: The patie tation program, and i his future. We plan as tolerated.	it is exp	ected he	should have li	ttle diff	iculty with full activity		
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SIGNATURE AND TITLE

DATE

IDENTIFICATION NO. ORGANIZATION

JOHN F. LOVEJOY JR. LCDR MC USNR 12/13/72 ASST. CHIEF. ORTHOPAEDICS

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

CLINIC

FORD, GERALD CONGRESSMAN, MICHIGAN OPD #1-05-38

CONSULTATION SHEET Standard Form 513 513-104-02

CLINICAL RECORD	co	NSULTATION	SHEET		
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He was seen by Dr. Pearson					
cation, injection and PT wi				I WILLII	Orar med
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injury occurring in 1929.					
difficulty of the left knee					
a lateral meniscectomy. He					
following surgery. However					
exercise. This consisted of					
With this fall, he develope					
He noted after walking and		and .			-
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SELS MOUNTAINSPICE

speech or standing, he would guard his right knee as he would have a grading sensation and a feeling the knee was going to give way. He has done physical therapy for the knee and had no difficulty with effusion efollowing his skiing this year, but due to the persistent instability or ch was referred here. Past hx is non-contributory.

PHYSICAL EXAM: The pt is in good physical condition. Exam of the right upper shoulder shows pain on palpation of the supraspinatous tendon and g the long head of the biceps in the bicepital groove of the humerus. There is a normal ROM of the cervical spine with no pain on motion, and a neg. Spurling's test. There is limited ABDuction, external and internal rotation of the right shoulder, with pain on extremes of these motions. exam of both upper extremities and the neurological exam is WNL. On examining the right knee, there is mild effusion. There is some loss of quadriceps tone with a measurable decrease in the size of the quadriceps of 2" -9" above the tibial tubercle. There is no pain on compression of the patella, of the medial and lateral collateral ligaments, as well as the anterior/posterio ligaments to be intact. External rotation, extension of the knee - there is an audible and palpable click over the lateral meniscus. He also has a positive Appley's grinding test for a lateral meniscus injury.

(I) small could one title scapest works of bath IMPRESSION: Bursitis of the right shoulder, resolving with present therapy. (2) Tear of the right lateral meniscus of the knee. was generoned energes better

DISPOSITION: Recommended he continue his therapy to the right shoulder and in addition to PT, do a home program of RCM exercises. The pt was presented to Capt Wilson and his findings were the same on the knee. It is our feeling that he should have a lateral meniscectomy of the knee, and it was recommended. We plan to do this at his convenience, which will probably be in July 72. We would also like him to continue his PT in the interim, to protect the knee from further quadriceps atrophy and effusion.

Thank you very much for sending us this very interesting patient. We will secertainly be glad to do his surgery at his convenience.

Respectfully,

John F. Lovejoy, Jr. LODR MC USNR Orthopaedic Service

REASON FOR REQUEST (Complaints and findings)

LEMONE REQUISIONS WORD, UNIT, OF ACCURACY, [] DATE OF REQUES

RECUEST

CLINICAL RECORD

COMBULTATION SHEET

Standard Form 513 Rev. August 1964 Bureau of the Budget

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FORD, GERALD R. MICH.
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