The original documents are located in Box 37, folder "Ford, Gerald - Interval Six - Month Physical - January 25, 1975" of the Betty Ford White House Papers, 1973-1977 at the Gerald R. Ford Presidential Library.

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THE WHITE HOUSE

WASHINGTON January 23, 1975

Instructions: No breakfast on Saturday

CONFIDENTIAL

ANNUAL PHYSICAL EXAMINATION

President Gerald R. Ford Saturday, January 25, 1975 National Naval Medical Center

Depart Residence	7:30 am
Arrive Bethesda and Proceed to Presidential Suite	8:00 am
Laboratory Tests - Urinalysis-Electrocardiogram	8:00 am
Breakfast	8:30 am
X-ray Department (dist, Bull, Kyross, Service)	8:45 am
listory, physical examination and sigmoidoscopy - Dr. Lukash	9:00 am
Orthopedic Consultation	9:45 am
Eye Clinic	10:00 am
ENT Clinic	10:45 am
Depart Bethesda	11:00 am
Arrive Residence	11:30 am

W.m. Zukash

William M. Lukash, M.D. Rear Admiral, MC, USN Physician to the President





CONFIDENTIAL

 CLINICAL RECORD
 NARRATIVE SUMMARY

 DATE OF ADMISSION
 DATE OF DISCHARGE

(Sign and date at end of narrative) Annual Physical Examination - President Gerald R. Ford - 25 January 1975

Age: 61 Birth Date - July 14, 1913

The President had his first annual physical examination since becoming President at the National Naval Medical Center, Bethesda, Maryland. Since his last interval examination on August 22, the patient has had no serious complaints.

Problem #1 - Post-Surgical Knees - The President followed an active quadriceps strengthening program prior to going skiing in Vail and he felt that his knees were much stronger than they had been in the last several years. He did experience some mild swelling and discomfort in the right knee the last day of skiing. Since returning from his skiing trip, he lessened his exercise program and as a result, has noted some vague discomfort with slight weakness in his right knee when going downstairs.

Problem #2 - Post-Nasal Drip and Nasal Congestion - The President continues to have an occasional post-nasal drip which can cause congestion and episodes of sneezing. He has had no significant difficulty within the last year mainly because he has suffered no colds which in the past have aggravated a flair up of sinusitis. The President continues to take Drixoral, one tablet every night before going to sleep to prevent congestion.

Problem #3 - Weight Control - The President, after following an 1800 calorie diet, has lost significant weight, dropping from 210 pounds to 195 pounds without any difficulty.

Problem #4 - Contact Lenses - The President had requested a pair of contact lenses so that he could use a teleprompter and avoid the use of his glasses while speaking and for distant vision.

Present Health

Standard Form 502 Rev. August 1954 Bureau of the Budget Circular A---32

The President has continued to maintain his tremendous physical capacity for hard work without any difficulty. He has no symptoms associated with his

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FORD, President Gerald R. 372-28-6532		1807 4 4 4 4	Lienary		NARRATIVE SUMMARY Standard Form 502 B02-108

NARRATIVE SUMMARY

DATE OF ADMISSION

CLINICAL RECORD

Standard Form 502 Rev. August 1954 Bureau of the Budget Circular A---32

DATE OF DISCHARGE

NUMBER OF DAYS HOSPITALIZED

2

(Sign and date at end of narrative)

cardiovascular system and demonstrates an excellent exercise tolerance clearly evident while skiing this year. There have been no respiratory complaints and he has had no dyspnea or cough. His appetite has been good and bowel movements normal without evidence of rectal bleeding. In general, the President has continued to work long hours but awakens completely refreshed after a night's sleep. His exercise program, along with an occasional round of golf or tennis, has been very effective in maintaining his physical fitness. He also would enjoy having the availability of a swimming pool so that he could return to his program of a morning and an evening swim.

<u>Past Medical History</u> - The President suffered from a rupture of the conjunctival capillary in the left eye while on a trampoline last fall. This healed spontaneously without any sequela. The rest of his interval medical history has been normal. He had his annual flu shot and requires no other medications other than Drixoral, which he takes in the evening for nasal congestion and on occasion, a sleeping tablet, only while travelling. He smokes 6-7 pipe loads of tobacco daily and his drinking consists of no more than four ounces of alcohol in the evening.

Review of Systems:

Eyes - The President requires glasses for far vision and has had no change in near vision and is able to read without glasses.

Ear, Nose and Throat - Occasional nasal congestion and tendency to sneeze.

Pulmonary - No dyspnea or cough.

Cardiovascular - No chest pain, palpitation or edema.

Gastrointestinal - No indigestion, abdominal pain or unusual bowel movements.

Genitourinary - Nocturia one time per night with no urgency and no stress. Urine color is normal.

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(Sign and date at end of narrative)

Neuromuscular - No further discomfort of the neck or shoulder with a tendency to favor his right knee after prolonged activity.

Neurological - No headaches or tendency towards depression or anxiety.

Skin - No skin lesions.

Physical Examination: Patient appears to be in excellent health and much leaner than he did last year. Height: 72 inches; weight, 197 pounds; blood pressure, 134/78; pulse, 67; temperature, 97.8.

Eyes - Pupils are round, regular and react to light and accommodation. Extraocular movements normal. Ocular fundi normal.

Ears - Normal external ear canals. Ear drums are normal,

Nose - Slight deviation of the nasal septum. The mucosa appears normal.

Mouth - Teeth are in good repair although there is dark tobacco staining. There is no mucosal abnormality involving his palate.

Neck - Neck is supple with good range of motion. Thyroid not enlarged. No lymph nodes. Carotid artery pulsations equal without bruit.

Breasts - Negative.

Lungs - Clear and resonant to percussion and auscultation.

Heart - No abnormal heart sounds. No murmurs or gallop sounds were heard. A2 normally split.

Abdomen - Soft and non-tender. No masses. Liver and spleen are not enlarged. Liver was 12 cm in the mid-clavicular line. Right appendix scar was intact. Inguinal rings were normal.

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CLINICAL RECORD

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Rectal - Very small hemorrhoidal tags. Sphincter tone good. Prostate normal size, smooth, and non-tender. Feces were brown and formed. The hematest was negative. Proctoscopy normal to 20 centimeters.

External Genitalia - Normal male with normal sized testicles.

Neuromuscular Examination - Shoulder joints retain good mobility with no pain. Left knee is stable. The right knee was swollen with minimal effusion and also slightly tender around the medial aspect of the knee. Knee mobility was not restricted but there was some grating sensation on flexion. The remainder of the muscle joint examination was normal.

Neurological - All deep tendon reflexes are active and equal. Muscle and sensory function were intact and there were no pathologic reflexes.

Laboratory Tests - All the laboratory tests were normal. The Hgb was 15.4 grams and the Hct was 44 percent. The WBC was 5,700 with a normal differential count. Values of SMA-12 and SMA-6 were normal. Uric acid is now 7.1 and his cholesterol is 278 mm%. Urinalysis was completely normal.

X-Rays - The chest X-ray was normal. Sinus series revealed polypoid changes in the left maxillary sinus but all other sinuses were clear. X-ray standing and AP of the knee described decreased joint spaces in both knees with some degeneration apparent within the right knee.

EKG - EKG was normal with no changes since the tracing of last year.

Orthopedic consultation - It was recommended that the President continue his quadriceps strengthening exercises and that he use a program of increasing the number of times he lifts weights along with a gradual progression of the amount of weight used beginning with 20 pounds lifted 10-20 times every day with each leg. In additon, two aspirin four times a day was

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prescribed.

ENT consultation - Found no unusual findings in reference to his sinus and post-nasal drip and there is no evidence of any mucosal membrane abnormality related to his smoking. It was recommended that the President use Chlortrimeton rather than Drixoral at night.

Optometry consultation - The President was fitted for contact lenses and adjusted reasonably well. A pair of glasses for near vision was prescribed when wearing his contact lens. A program of wearing his contact lenses for two hours and then taking them out an hour was prescribed, twice a day for the first week. The optometrist, Dr. Mastervich, will be available to assist with the contact lenses in addition to help from his daughter, Susan.

In conclusion, the President has remained in excellent health. He will continue with his established diet and exercise program. It is anticipated that the President will continue to have good health and he will be followed at intervals to insure that his knees remain stable and that his weight has not changed appreciably. In addition, he will be encouraged to play golf or tennis for short periods of time and also swim whenever the occasion allows.

Final Diagnosis:

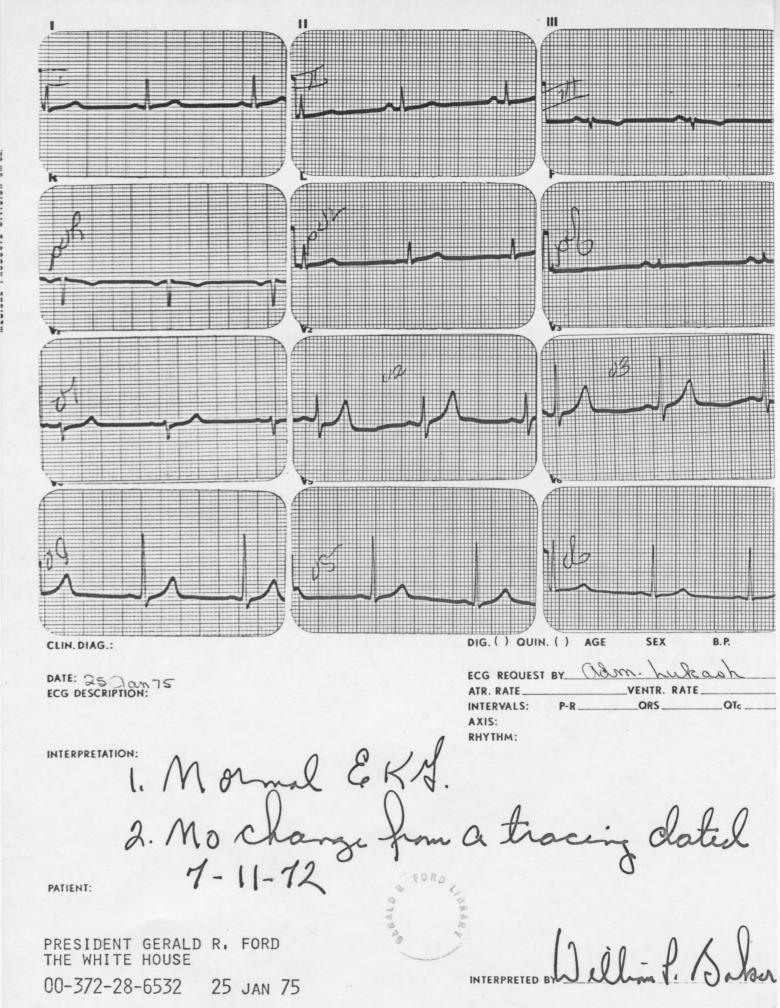
1. Post-surgical degenerative arthritis in both knees, but aggravated in his right knee when not properly exercised.

2. Left polypoid maxillary sinusitis and post-nasal drip - inactive.

Willim Mikosh

William M. Lukash, M.D. Rear Admiral, MC, USN Physician to the President

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PATIENT CUMULATIVE REPORT

1111	11	FORD,	GERALD	R.

00 372 28 6532 WH 1/25/75

		DATE	1/25		
TEST	NORMALS U	JNITS			
SMA-12	BLOOD		(0743)	•	
TOT PROT	6 0 8.0	GM%	5.9 *		
ALBUMIN	3 5 5.0	GM%	3.6		
CALCIUM	8 5 10 5	MG%	8.9		
PHOS	2 5 4 5	MG%	3.5		
CHOLEST	150.0-300.0	MG%	278.		
BUN	10.0 20.0	MG%	14.		
URIC AC	2 5 8.0	MG%	7.1		
CREATNIN	6 1.4	MG%	1.4 *		
TOT BILI	2- 1.0	MGS	.7		
ALK PHOS	30.0 85.0		51		
LDH	100 0-225.0		154.		
SGOT	7 0 40.0		21.		
STAT CHEM	BLOOD		(0743)		
GLUCOSE	80 0-120 0		118.		
BUN	10 0- 22,0	MG%	13.4		
NA+	135 0-145.0		143.		
K*	3.5 5.0		4.5		
CL	95 0 108.0				
COS	21.0 27.0	MEQ/L	26.		
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GLUCOSE			NEG		
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PATIENT CUMULATIVE REPORT

111111 FORD, GERALD R.

00 372 28 6532 WH 2/28/75

TEST	NORMALS UNITS	1/25 1/27	
LIPOPROTEIN APPEARNC CHOLESTL TRIGLYC PHENOTYP	BLOOD MG% MG%		1/25 1 CLEAR 290.0 145.0 SEE COM.
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T3 (RIA)	BLOOD	1/2	5
RESULT	80.0-180.0UGM/DL	95	.00

1 LIPOPROT 1/25 825 NORMAL LIPID STUDY ******* TEMPORARY REPORT - DISCARD WHEN NEXT REPORT IS RECEIVED *******

FORD 100 CALD.

2/28/75

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

CLINICAL RECORD

CONSULTATION SHEET

	REQUEST	
TO:	FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST
Orthopaedics-Capt. Wilson	White House	25 Jan 75

History of left knee surgery in 1929 and right knee surgery in 1972. Extensive program of quadriceps strengthening exercises has been very successful and the President has had no complaints referable to both knees. Occasional discomfort in cervical and left shoulder have not recurred in the last six months. General condition has been stable. Please re-evaluate.

described treatment.

PROVISIONAL DIAGNOSIS	tuation, at least in the short term by	the above
	at the Mayo Clinic. But I feel that	
	a form of a proximal tibial valgue oste	
DOCTOR'S SIGNATURE	APPROVED TA TE PLACE OF CONSULTATION CO CON	EMERGENCY COL
RAdm W.M. Lukash	ituation. In the d separe i ou carr, if t	ROUTINE GUGLSETAG
	OI LEWS CONSULTATION REPORT GUODE SHIISGES GO	

ORTHOPAEDIC HISTORY: Briefly, President Ford had excision of the left DEPARTMENT medial meniscus in 1929 following a football injury and has 25 JAN 75 had no significant difficulty with that knee in the interim. control the right knee, however, became symptomatic with chronic effusion and pain over an extended period of time from 1970 to 1972, which resulted in arthrotomy of the right knee at this hospital by Dr. Lovejoy and myself in July 1972. At that time, a badly degenerated medial meniscus was excised and debridement of the medial compartment of the joint was accomplished. After an extended period of rehabilitation, he gradually improved with respect to the right knee, and he states he has been carrying on essentially normal activity in the interval. He does notice, however, some discomfort in the knee and occasional swelling when he overstresses it, but denies any locking or giving way. His recent skiing trip to Vail, Colorado, he had no real difficulty with the knee, however, despite his rehabilitative program which he has continued, the knee has been somewhat more symptomatic since his skiing trip. The symptoms are of a vague nature consisting of discomfort, particularly going downstairs, and an occasional feeling of weakness in the knee. EXAMINATION: Restricted to both knees reveals moderate effusion of the

right knee with 10° limitation of extension compared to the left, which is also slightly limited in extension. There is 10° of varus bilaterally, possibly alittle more marked on the right, but this is difficult to really evaluate since the knee does not extend completely. He also lacks 20° flexion of the right knee. This has remained essentially unchanged since his rehabilitation from his surgery in 1972. There is visible atrophy of

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
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ternal rotation. There		6	CONSULTATION SHEET

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

101

REASON FOR REQUEST (Complaints and findings)

CONSULTATION SHEET

FROM: (Requesting ward, unit, or activity)

CLINICAL RECORD

recurred in the last six months.

DOM: GPopaedics-Capt. Wilson White House

REQUEST

been stable. knees. Occasional discomfort in coavida 6. a Milson, CAPT MC USNe not anccessing and the President has hever perturbed Departments of Orthobaedics Extensive program of quadriceps st National Naval Medical Center Very History of left knee surgery in 19 Bethesdar's Warylands 120014 in 1972.

25 Jan 75

described treatment.

Please re-evaluate.

able to control the situation, at least in the short term by the above

rective surgery in the form of a proximal tibial valgus osteotomy after the method of Coventry at the Mayo Clinic. But I feel that we should be

order to control the reactivity of the synovial lining tissues so that enzymatic degradation of remaining cartilagenous surfaces does not become a persistently chronic situation. In the distant future, if the degenerative process continues unremittingly, it may be necessary to contemplate cor-

RECOMMENDATION: In view of the fact that the right knee is exhibiting reactive changes in the sense that there is synovial thickening and chronic effusion, it seems imperative that an effort be made to stabilize the joint physiology by the use of aspirin 600mg q.i.d. with a limitation of impact loading in the form of excessive walking, stairclimbing, and other vigorous acceleration-deceleration activities, while at the same time attempting to restore the integrity of the quadriceps musculature by a graded active resistive exercise regimen. If this does not control the symptomatology and the findings in reference to the joint, one may have to use more potent agents in the form of Indocin or Butazolidin and possibly even an occasional injection of cortico-steroid in

IMPRESSION: There is moderate degenerative joint disease involving the right knee. The left knee is radiographically less severely involved and also clinically, is of no significant problem. The right knee is primarily involved in the medial compartment and possibly in the patello-femoral articulation.

X-RAYS: X-rays of both knees in the standing A-P projection reveal sig-nificant degenerative joint changes bilaterally, more marked on the right manifested by narrowing of the cartilage space, particularly in the medial compartment with osteophytic reaction at the margins of the medial femoral condyle and tibial plateau, particularly, and sharpening and increased height in the tibial spines, particularly on the right side. There are similar less marked changes in the lateral compartment on the right.

extension actively and passively.

the quadriceps on the right, particularly of the vastus medialis. There appears to be no gross instability in the right knee, although there is slight rotatory instability with the knee in flexion and external rotation. There is no synovial tenderness or pain on stressing the knee. There is moderate patellofemoral crepitus on flexion and

DATE

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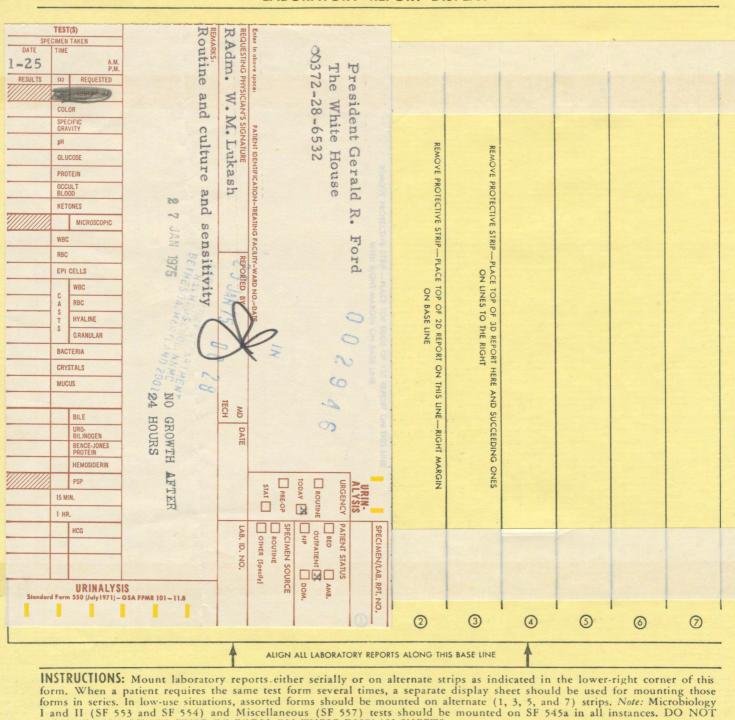
Salarasi sana Gerali.	2* TELE COMPLEXIER OF C
	1 of the left maxillary sinus. Such densities are common
	present thickened mucosa or a mucous retention cyst. A
	his type may be transient following an acute upper respira-
tory infect	ion, or may represent a chronic change.
	Hearsta, rounded density is present arising from the postero-
IMPRESSION:	Hannels - Nourslad Toseffer is suggeout outstand from Ston Strangerson
	onmental rhinitis.
Radiographi	c changes in left maxillary sinus suggestive of mucous
retention c	yst.
RECOMMENDATION:	
RECOMMENDATION:	strie. No macses are fait.
Discontinue	Drixoral. Tilday gladds are normal to petpetion. The thure
	se of a drug containing a vasopressor may be aggravating
	sting cardiovascular disease. Constant use of an anti-
	may have an undesirable drying effect on the nose and
promote inf	dr oft encloach on the mulleus or tympacic membrane.
	HON: TEL exectoses of the external anditary consist are
SUGGESTED MEDICAT	crow:
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	on of Dexamethazone ophthalmic drops (Decadron) in
the nose (5	drops each side) four-times daily for two weeks.
Repeat as r	needed put avoid constant use though on bolyno.
A74 -4-47- 41	sinkered Who clanate clanate and the widil and
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CLINICAL RECORD	CONSULT	ATION SHEET
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ASON FOR REQUEST (Complaints and findin		
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Study last year was normal	but history of cholestero	l elevation in the past.
OVISIONAL DIAGNOSIS		
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MOUNT ANY OTHER TYPE OF FORM ON THESE DISPLAY SHEETS. ENTER IN SPACE BELOW: PATIENT IDENTIFICATION-TREATING FACILITY-WARD NO .- DATE FORMS DISPLAYED ON THIS PAGE ARE (Check one) MOUNTED SERIALLY: MOUNTED ON STRIPS 1, 3, 5, AND 7: CHEMISTRY I (SF 546) CHEMISTRY III (SF 548) FORD, President Gerald R. CHEMISTRY II (SF 547) PARASITOLOGY (SF 552) FORD HEMATOLOGY (SF 549) SPINAL FLUID (SF 555) URINALYSIS (SF 550) IMMUNOHEMATOLOGY (SF 556) ASSORTED FORMS SEROLOGY (SF 551) STANDARD FORM 545 LABORATORY REPORT JULY 1971 DISPLAY

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* GPO: 1971 OF -- 440-850

LABORATORY REPORT DISPLAY



NATIONAL NAVAL MEDICAL CENTER

BETHESDA, MARYLAND - 20014

IN REPLY REFER TO NNMC:CO2:ss 6320 28 January 1975

FOR OFFICIAL USE ONLY

MEMORANDUM

From: LCDR R. L. DEVAULT, MSC, USN RADM W. M. LUKASH, MC, USN To:

Subj: Outpatient Record in the Case of President Ford

Encl: (1) Copy of entire Outpatient Record of President Ford

- (2) Copy of report of Orthopedic Consultation of 25 January 1975
- (3) Copy of report of ENT Consultation of 25 January 1975
- (4) Copy of report of Laboratory Studies (5) Copy of Radiographic Report

1. Enclosures (1) through (5) are forwarded for your retention. As of this time, I understand that the Ophthalmology Consultation is incomplete.

2. I understand that the original of the Radiographic Report was given to you directly by Dr. Ochs. It is respectfully requested that you make a copy of the Radiographic Report and return the original to me for filing in President Ford's outpatient record.

Very respectfully,

R A Delout R. L. DEVAULT

Diskigard para 2. after Tacking with yow, 2 checked with Dr. Ochs and the report was in the file with the radio graphs. VIR



