

Standard Form 502
Rev. August 1974
Bureau of the Census
Washington, D.C.

CLINICAL RECORD		NARRATIVE SUMMARY
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED

(Sign and date at end of narrative)

Annual Physical Examination - President Gerald R. Ford - 24 January 1976
National Naval Medical Center, Bethesda, Maryland

Age: 62 Birth Date: July 14, 1913

The President's last annual physical examination was held on January 25, 1975. During the last year the President has continued to experience good health with the exception of the following problems:

Problem #1 - Post-Surgical Knees - The President had no difficulty with his knees throughout the year and continued to follow an active program of quadriceps strengthening. His skiing vacation in Vail this Christmas was limited to seven days. It appeared that he skied stronger than at previous times and had no difficulty except for some residual swelling on the lateral portion of the left knee. This caused some mild discomfort but did not interfere with his skiing and responded to treatment with Butazolidin. The discomfort resolved after returning home within two or three days.

Problem #2 - Acute Right Maxillary Sinusitis - In October the President developed a common cold and this became complicated when he developed an acute sinus infection in the right maxillary sinus on October 19. His activity was restricted to the White House living quarters for three days and the condition responded to conventional treatment and there have been no after effects other than his tendency towards occasional nasal congestion and this is associated with a post-nasal drip and sporadic episodes of sneezing. This responds to the use of an oral decongestant tablet which he will take the night before going to sleep.

Problem #3 - Assassination Attempts - In the month of September, on September 5 and 22, two very serious assassination attempts were directed toward the President in both Sacramento and San Francisco. The President suffered no ill effects either physically or emotionally. I was not aware that he had any undue preoccupation concerning these events. The President was able to talk freely about these incidents and continued to sleep very well and I feel in no way did they affect his subsequent day to day activity.

(Use additional sheets of this form (Standard Form 502) if more space is required)

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PATIENT'S IDENTIFICATION (If type of which case is over, Name - last, first, middle initial, Date, Hospital or medical facility)		REGISTER NO.	WARD NO.

FORD, President Gerald R.
372-28-6532

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Problem #4 - Lesion on left upper eyelid - A small wart-like lesion on the left upper eyelid was removed in the White House office on December 3, 1975. The diagnosis was that of benign seborrhoeic keratosis. The excision site healed completely.

Problem #5 - Muscle Cramp, Left Calf - On December 20, 1975 the patient was awakened early in the morning because of a severe cramp in the left calf. This responded to rest and treatment with hot packs and ultrasound and massage. There has been no recurrence.

Problem #6 - Rectal Bleeding - The President has noted with bowel movements that occasionally small flecks of blood will appear on the toilet tissue. This has occurred from time to time in the past and is usually associated with excessive fatigue and prolonged activity while traveling. Examination on proctoscopy revealed minimal friability of the anal canal as the result of previous surgery for a hemorrhoidectomy and anal fistula 30 years ago. There has been no recurrence. A barium enema was performed in 1974 and was normal.

Present Health

The President has continued to maintain his tremendous physical capacity for hard work without any difficulty. His cardiovascular functions remain excellent and he is able to tolerate more than regular exercise without difficulty. There have been no respiratory complaints and he has had no dyspnea or cough. His appetite remains good and he has maintained his weight at 194 pounds without difficulty. His bowel movements are regular every morning. Other than an occasional mild discomfort in his knees after excessive activity, his muscular skeletal system functions remain well. In general the President works long hours but he sleeps very well and feels completely refreshed upon awakening.

Exercise Program

After awakening every morning at 5:30 am the President participates in his exercise routine. This includes: (1) Quadriceps strengthening by lifting weights with both knees. He will lift 20-40 pounds with repetition, ranging

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from 20-40 lifts per knee daily. In addition he pumps his exercycle the equivalent of one-half mile with additional resistance added to the pumping. This is followed by about 10 minutes of calisthenics. He continues to swim every evening and now swims 22 lengths for one-quarter mile which he does in 14 minutes.

Past Medical History

Cartilage Surgery, left knee - 1929; right knee - 1972. Appendectomy, anal fistulectomy and hemorrhoidectomy 30 years ago. The President had his annual influenza shot. His medications include an occasional sleeping tablet while traveling and an oral decongestant from time to time for nasal congestion. He smokes 6-7 pipe loads of tobacco a day and he will have an evening cocktail consisting of no more than 2-4 ounces of alcohol in the evening. No allergies.

Family History

Mother died at age 71, myocardial infarction; father died age 72, stroke. Three half brothers all healthy. Mother had mild diabetes at old age.

Review of Systems:

Eyes - The President requires glasses only for distant vision and at this point has no requirement for near vision reading glasses.

Ear, Nose and Throat - With the slight deviation of the nasal septum and sensitive nasal mucosa, he will have a nasal congestion from time to time with exposure to the cold air. This may cause him to sneeze and result in post-nasal drip on awakening. Auditory acuity normal.

Pulmonary - No dyspnea or cough.

Cardiovascular - No chest pain, palpitation, shortness of breath or edema.

Gastrointestinal - No indigestion or abdominal pain. His bowel movements

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are normal but on rare occasions he will note rectal bleeding evidenced by blood flecks on toilet tissue and related to excessive activity, fatigue and straining with a bowel movement.

Genitourinary - Nocturia one time per night but with no urgency or discomfort. Sexual function normal.

Neuromuscular - Other than mild discomfort in his knees with excessive activity and occasional stiffness in the left cervical area, he has had no other muscular joint problems.

Neurological - No headaches or tendency towards depression or anxiety.

Skin - No skin lesions.

Physical Examination: Patient appears to be in an excellent state of health and nutrition. Height: 72 inches; weight: 194 pounds; blood pressure: 120/74; pulse: 60; temperature: 97.8.

Eyes - Pupils are round, regular and react to light and accommodation. Extraocular movements normal. Ocular fundi normal. Nearsightedness and glasses required for distant vision. Ocular pressures normal. TOD 16, TCS 14.

Ears - Normal external ear canals. Ear drums are normal. Transillumination of paranasal sinuses is clear and there is no evidence of sinusitis or rhinitis. Hearing good.

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.

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Bureau of the Budget
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Breasts - Negative.

Lungs - Clear and resonant to percussion and auscultation. Chest expansion good and diaphragms move normally.

Heart - No abnormal heart sounds. No cardiomegaly or precordial lift and a well localized PMI. No murmurs or gallop sounds were heard. Second heart sound normally split.

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

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 25 centimeters. The mucosa of the distal anal canal was intact but hyperemic and slightly friable.

External Genitalia - Testicles normal and symmetrical.

Neuromuscular Examination - The cervical spine and shoulder joints retain good mobility with no pain. Both knees show minimal restrictions of full extension and flexion. There is also non-painful patellofemoral crepitation with pressure motion of both knees. The knees are basically stable with no joint tenderness and supporting ligaments are intact. Chronic synovial thickening was apparent in both and was associated with a very slight degree of effusion in the left knee.

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 15.2 grams and the Hct was 45 vol %. The WBC was 5,300 with a normal differential count. Values of SMA-12 and SMA-6 were normal. Uric acid is 7.4 mg % and the cholesterol 275 mg % with triglyceride 115 mg %. The

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lipoprotein profile remains normal. Urinalysis completely normal.

X-Rays - The chest X-ray remains normal. The paranasal sinuses are clear with no evidence of sinusitis. The KUB abdominal film was normal. Both knees reveal hypertrophic degenerative changes with slight loss of the joint space about the lateral femoral condyles. No evidence of loose bodies is present within the joint spaces. Post-surgical osteoarthritis is present in both knees and degenerative osseous change is also present about the C 5-6 cervical spine.

EKG - EKG was normal showing no change.

Orthopedic consultation - The President has post-traumatic arthritis in both knees, but has no pain and good function. He should continue his quadriceps strengthening exercises which have been successful in maintaining knee stability. In addition, two aspirin four times a day can be prescribed if swelling or stiffness develops.

ENT Consultation - His sinuses are completely clear with no sequelae from his recent sinus infection and post-nasal drip. There is no evidence of any mucosal membrane abnormality related to his pipe smoking.

Ophthalmology Consultation - The President's eyes are completely healthy and nearsightedness is correctable with his present glasses.

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 daily as his schedule allows.

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Final Diagnosis:

1. Post-surgical degenerative arthritis in both knees.

William M. Lukash

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

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