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Mr. AJ Differential Diagnosis

Mr. AJ is most likely suffering from Osteoarthritis. The illness is common to people at the age of 40 and order. The disease is also found to people with obesity and family history of Osteoarthritis. According to Mr. AJ's description, he experiences joint, knees, hips and spin pains. The symptoms correspond to those of Osteoarthritis except he does not have a family history of Osteoarthritis (Glyn-Jones et al., 2015). Reason being, Mr. AJ cannot be having Sciatica although he was yet to be tested. His spinal injury is more likely to occur to people lifting heavy loads that might cause fractures at the spine. Mr. AJ is an officer with movers for hard tasks and denies lifting heavyweights. Also, neuropathy is very unlikely even though he has diabetes. Mr. AJ experiences lower back pain which is not one of the neuropathy symptoms. Lower back pain is also ruled out because the pain has persisted for one month even after abstaining from the workout and lifting loads. While spinal cord compression can be considered as the likely illness, he denies having incontinence at the bowel or bladder.

S.S Differential Diagnosis

According to S. S's description, she is suffering from an ankle sprain. The injury is caused by rolling, twisting or awkwardly turning of the ankle. The pain or discomfort is caused by stretch or tear of the back ligaments that hold ankle bones together (Gribble et al., 2016). Most of the symptoms that would have resulted in other diagnosis are missing. Therefore, Achilles tendinitis is ruled out because S.S is not experiencing pain at the back of the leg. Ankle fracture is very unlikely since she does not have signs of swelling, bruises, or deformity. Other differential diagnostics such as Calcaneofibular ligament injury and Calcaneus bone injury are severe, and S.S deny experiencing such severity, and she can bear weight.

References

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