

**The original documents are located in Box 37, folder “Ford, Gerald - Outpatient Reports, 1970” of the Betty Ford White House Papers, 1973-1977 at the Gerald R. Ford Presidential Library.**

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PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

REGISTER NO.

ORTHOPEDIC WARD NO.  
USNH BETHESDA

*gerald*  
FORD G  
B7-14-13M  
1-05-70  
CONG MICH  
1-20-72

AGE	SEX	(Check one)
55 M		<input type="checkbox"/> BEDSIDE, WHEELCHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input checked="" type="checkbox"/> AMBULATORY
EXAMINATION REQUESTED		
<i>Both knees series AP + Lat (R) Below</i>		

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

*1-22-70 Problem c Both knees*

FILM NO. ~~1280266~~ 01212-70 DATE OF REQUEST *1-23-70* REQUESTED BY *Hall* 1-29-70

RADIOGRAPHIC REPORT

*(Note: Lat + patella views double exposed, but patient could not wait for repeats.)*

AP AND TOWNE VIEW OF BOTH KNEES DATED 1-23-70: There is minimal narrowing of the left knee joint space with osteophyte formation on the medial aspect of left femoral condyle. There is prominence of the tibial spine. These findings are compatible with osteoarthritis of the left knee. Similar findings are observed in the right knee with narrowing of the joint space and osteophyte formation on the lateral aspect of the tibia. There is calcific density superior to the tibial spine on the right which may represent only osteoarthritic changes, however, without lateral views loose bodies within the joint space cannot be ruled out.

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

*17802-66*

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519-A (Rev. Aug. 1954)  
Promulgated by Bureau of the Budget  
Circular A-32 (Rev.)  
RADIOGRAPHIC REPORT  
519-207

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

REGISTER NO.

WARD NO.

FORD, GERALD

AGE	SEX	(Check one)
		<input type="checkbox"/> BEDSIDE, WHEELCHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY
EXAMINATION REQUESTED		
REQUESTED BY		DATE OF REQUEST

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO. 01212-70 DATE OF REPORT

RADIOGRAPHIC REPORT

AP AND LATERAL RIGHT ELBOW DATED 1-23-70: No evidence of bony or soft tissue abnormality.

D D MUTHER  
LT MCUSN  
mb 2-2-70

*pm*



SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)  
Promulgated by Bureau of the Budget  
Circular A-32 (Rev.)  
RADIOGRAPHIC REPORT  
519-205

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

(2) He has also had slight pain in  
right elbow. There is minimal  
medial epicondyle tenderness.

X-rays -

AP & Lat of right elbow - normal.

X-rays of knees - joint spaces well  
maintained. No evidence of  
degenerative arthritis in AP views.  
(Lateral & sunset views double exposed and  
not repeated because patient had to  
leave for important engagement)

1 APR: (1) Synovitis knee, recurrent, cause undetermined.  
(Non-infectious)

Recommend continued quadriceps exercises -

(2) Right medial epicondylitis -  
Rx - short wave diathermy.

If not improved will plan to inject  
with corticosteroid in the future.

J. Wall

BT

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: *Orthopedics* FROM: (Requesting ward, unit, or activity) *U.S. Capitol* DATE OF REQUEST *1-7-70*

REASON FOR REQUEST (Complaints and findings)

*Long hx of painless effusions mostly in the supra patellar area following exertion such as skiing. Would you please see and evaluate both knees. Thank you,*

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE: *R. J. Pearson, Jr.* APPROVED: \_\_\_\_\_ PLACE OF CONSULTATION:  BEDSIDE  ON CALL  EMERGENCY  ROUTINE

CONSULTATION REPORT

ORTHOPEDIC  
USNM, BETH., MD.  
23 JAN 1970  
0930  
0930

(1) For many years he has had recurrent effusion with increased activity such as skiing. It is a painless swelling which goes away in a few days.

PE Full ROM both knees, no swelling or tenderness. Well developed quadriceps, esp. vastus medialis. No clicking. Negative Mc Murray's sign. No ligamentous instability. No subpatellar crepitus.

(Continued on reverse side)

SIGNATURE AND TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ IDENTIFICATION NO.: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) REGISTER NO.: \_\_\_\_\_ WARD NO.: \_\_\_\_\_

FORD, GERALD R. MICH.  
RETURN TO ATTENDING  
PHYSICIAN US CAPITOL  
DOB 07-14-13

RETURN TO ATTENDING PHYSICIAN  
ROOM H-166 U. S. CAPITOL  
CONSULTATION SHEET  
Standard Form 513  
513-104-03

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: CH ORTHOPEDICS, USNH, BETH, MD.

FROM: (Requesting ward, unit, or activity)  
U.S. CAPITOL

DATE OF REQUEST  
3-18-70

REASON FOR REQUEST (Complaints and findings)

Pt. last seen in your service 1-23-70. He was asked to return after a course of diathermy if no improvement. Please see and advise. Right medial epicondylitis.

Thank you,

PROVISIONAL DIAGNOSIS

Encl: copy of orthopedic consult of 1-23-70.

DOCTOR'S SIGNATURE

R. J. PEARSON, RADM MC USNH

APPROVED

PLACE OF CONSULTATION

BEDSIDE  ON CALL

EMERGENCY

ROUTINE

CONSULTATION REPORT

ORTHO DEPT  
USNH BETHESDA

9 MAR 1970

in 083

Pain & Tenderness of right medial epicondyle since November 1969. It was aggravated by stress while shirring in sec.

✓ P.E. moderate tenderness of medial epicondyle. The pain is increased by stress of the forearm.

X-rays taken last month - normal.

IMPR: medial epicondylitis.

R. injected with hydrocortisone 5cc & celestane 1cc

Return 1 week if still symptomatic.

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

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

REGISTER NO.

WARD NO.

FORD, GERALD R. MICH.  
RETURN TO ATTENDING  
PHYSICIAN US CAPITOL  
DOB 07-14-13

CONSULTATION SHEET

Standard Form 513

513-104-02