Polymyalgia Rheumatica is an uncommon inpatient diagnosis. Recognition of less classic features and a careful physical exam can facilitate diagnosis.

**CASE**
- 70 year old woman presented with 3 weeks of severe muscle pain in the shoulders, neck, and thighs radiating down her legs.
- Exhaustion, decreased appetite, difficulty walking and dressing herself, no AM stiffness.
- No vision loss, jaw pain, or headache.
- Went to several emergency departments with no diagnosis or relief.
- Repeatedly diagnosed with viral URI, tested for COVID and Lyme disease with negative results.

**OBJECTIVE DATA**
- **Exam:** Exquisite tenderness to light palpation of the shoulders, neck, hip girdle. No pain or swelling at the joints. Unable to abduct arms above 90 degrees. Strength full throughout despite pain. No rashes.
- **Labs:**
  - ESR: 63mm/hr
  - CRP: 6.0mg/dL
  - CPK: 16 IU/L
  - Lyme screen positive, western blot negative for acute Lyme infection
  - COVID/flu/RSV: negative

**HOSPITAL COURSE**
- Started on Prednisone 15mg PO and had 90% pain relief within hours.
- Pain worsened at night. Steroid dose was split into twice daily dosing with improvement of nighttime symptoms.
- Sent home on steroid taper (dosed BID) feeling much improved.

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**Clinical Pearl**
Consider BID dosing of steroids to relieve nighttime symptoms.

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**REFERENCES**

Valerie Gobao MD, Anisha Das MD, Ansen Burr BS, Thomas Radomski MD, MS