

ORTHOPEDIC HISTORY TAKING

History taking skills

- History taking is the most important step in making a diagnosis .
- A clinician is 60% closer to making a diagnosis with a thorough history. The remaining 40% is due to the remaining 40% of the history .
- History taking can either be of a traumatic or non-traumatic injury .

Objective

- At the end of this session, students should be able and know how to take a MSK relevant history.

Competency expected from the students

- Take a relevant history, with the knowledge of the characteristics of the major musculoskeletal conditions

STRUCTURE OF HISTORY

- Demographic features
- Chief complaint
- History of presenting illness
 - MOI
 - Functional level
- MSK systemic review
- Systemic enquiry
- PMH
- PSH
- Drug Hx
- Occupational Hx
- Allergy
- Family Hx
- Social Hx

MSK systemic review

- Pain
- Stiffness
- Swelling
- Instability
- Deformity
- Limp
- Altered Sensation
- Loss of function
- Weakness

Pain

- **Location**
 - Point to where it is
- **Radiation**
 - Does the pain go anywhere else
- **Type**
 - Burning, sharp, dull
- **How long have you had the pain**
- **How did it start**
 - Injury
 - Mechanism of injury
 - How was it treated?
 - Insidious



Pain

- **Progression**
 - Is it getting worse or is it remaining stable
 - Is it better, worse or the same
- **When**
 - Mechanical / Walking
 - Rest
 - Night
 - nocte
 - Constant
- **Aggravating & Relieving Factors**
 - Stairs
 - Start up, mechanical
 - Pain with twisting & turning
 - Up & down hills
 - Kneeling
 - Squatting



Pain

- **Where:** location/radiation
- **When:** onset/duration
- **Quality:** what it feels like
- **Quantity:** intensity, degree of disability
- **Aggravating and Alleviating factors**
- **Associated symptoms**



WWQQAA

Swelling

- Duration
- Local vs generalised
- Onset
- Constant or comes and goes
- Progression: same size or ↑
- Aggravated and relived factors
- Associated with injury or reactive
- Soft tissue, joint, bone
- Rapidly or slowly
- Painful or not



Instability

- Onset
- How dose it start?
- Any Hx of trauma?
- Frequency
- Trigger/aggravated factors
- True = Giving way
- Buckling 2dary to pain
- I can not trust my leg!
- Associated symptoms
 - Swelling
 - Pain



Deformity

- When did you notice it?
- Progressive or not?
- Associated with symptoms like pain & stiffness
- Impaired function or not?
- Past Hx of trauma or surgery
- PMHx (neuromuscular, polio)



Limping

- Painful vs painless
- Onset (acute or chronic)
- Progressive or not?
- Use walking aid?
- Functional disability?
- Traumatic or non traumatic?
- Associated with swelling, deformity, or fever.

Loss of function

- How has this affected your life
- Home (daily living activities DLA)
 - Prayer
 - Using toilet
 - getting out of chairs / bed
 - socks
 - stairs
 - squat or kneel for gardening
 - walking distance
 - get & out of cars
- Work
- Sport
 - Type & intensity
 - Run, jump

Mechanical symptoms

Locking / clicking

- Loose body, meniscal tear
- Locking vs pseudo-locking

Giving way

- Buckling 2° pain
- ACL
- Patella

Red flags

- Weight loss
- Fever
- Loss of sensation
- Loss of motor function
- Sudden difficulties with urination or defecation

Risk factors

- Age
- Gender
- Obesity
- Lack of physical activity
- Inadequate dietary calcium and vitamin D
- Smoking
- Occupation and Sport ,
- Family History (SCA)
- Infections ,
- Medication (steroid)
- Alcohol
- PHx Musculoskeletal injury/condition,
- PHx Cancer

Current and previous history of treatment

- **Nonoperative**
 - Medications
 - Analgesia
 - How much
 - How long
 - Physio
 - Orthotics
 - Walking sticks
 - Splints
- **Operative**
 - What, where and when?
 - Perioperative complications

Knee

- Pain
 - Location
 - point to where it is radiation
 - does the pain go anywhere else
 - Type
 - Burning, sharp, dull
 - How long have you had the pain
 - How did it start
 - Injury
 - Mechanism of injury
 - Position of leg at time of injury
 - Direct / indirect
 - Audible POP
 - Could you play on or did you leave the field?
 - ACL
 - Did it swell at the time
 - Immediately
 - Haemarthrosis
 - Delayed
 - Traumatic synovitis
 - Audible POP
 - How was it treated?
 - Insidious
- Progression
 - Is it getting worse or is it remaining stable
 - Is it better, worse or the same
- When
 - Mechanical / Walking
 - Rest
 - Nocte
 - constant
- Aggravating & Relieving Factors
 - stairs
 - start up, mechanical
 - pain with twisting & turning
 - up & down hills
 - kneeling
 - squatting

Spine

- Pain
 - radiation exact location
 - L4
 - L5
 - S1
 - Aggravating, relieving Hills
 - Neuropathic
 - » extension & walking downhill
 - » - walking uphill & sitting
 - vascular
 - » walking uphill
 - generates more work
 - » - rest
 - standing is better than sitting due to pressure gradient
 - stairs
 - shopping trolleys
 - coughing, straining
 - sitting
 - forward flexion

Spine

- Associated symptoms
 - Paresthesia
 - Numbness
 - Weakness
 - L4
 - L5
 - S1
 - Bowel, Bladder
 - Cervical myelopathy
 - Clumsiness of hand
 - Unsteadiness
 - Manual dexterity
- Red Flags
 - Loss of weight
 - Constitutional symptoms
 - Fevers, sweats
 - Night pain, rest pain
 - History of trauma
 - immunosuppression

Shoulder

- Age of the patient
 - Younger patients - shoulder instability and acromioclavicular joint injuries are more prevalent
 - Older patients - rotator cuff injuries and degenerative joint problems are more common
- Mechanism of injury
 - Abduction and external rotation - dislocation of the shoulder
 - Direct fall onto the shoulder - acromioclavicular joint injuries
 - Chronic pain upon overhead activity or at night time - rotator cuff problem.

Shoulder

- **Pain**
 - Where
 - Rotator Cuff
 - anterolateral & superior
 - deltoid insertion
 - Bicipital tendonitis
 - Referred to elbow
- Aggravating / Relieving factors
 - Position that ↑ symptoms
 - RC: Window cleaning position
 - Instability: when arm is overhead
 - Neck pain
 - Is shoulder pain related to neck pain
 - ask about radiculopathy

Shoulder

- Causes
 - AC joint
 - Cervical Spine
 - Glenohumeral joint & rotator cuff
 - Front & outer aspect of joint
 - Radiates to middle of arm
 - Rotator cuff impingement
 - Positional : appears in the window cleaning position
 - Instability
 - Comes on suddenly when the arm is held high overhead
 - Referred pain
 - Mediastinal disorders, cardiac ischaemia

Shoulder

- Associated
 - Stiffness
 - Instability / Gives way
 - Severe – feeling of joint dislocating
 - Usually more subtle presenting with clicks/jerks
 - What position
 - Initial trauma
 - How often
 - Ligamentous laxity
 - Clicking, Catching / grinding
 - If so, what position
 - Weakness
 - Rotator cuff
 - especially if large tear
 - Pins & needles, numbness
- Loss of function
 - Home
 - Dressing
 - Coat
 - Bra
 - Grooming
 - Toilet
 - Brushing hair
 - Lift objects
 - Difficulty working with arm above shoulder height
 - Top shelves
 - Hanging washing
 - Work
 - Sport