



4- Orthopedic History

Objectives:

- 1- At the end of this session, students should be able and know how to take a MSK relevant history.
- 2- Take a relevant history, with the knowledge of the characteristics of the major musculoskeletal conditions

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References: slides +435 team group A

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; remaining 40% is a combination of examination findings and investigations.
- History taking can either be of a traumatic or non-traumatic injury.

History Structure

most common are the first six.

Always ask about trauma

- 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	Instability
<ul style="list-style-type: none"> • Location <ul style="list-style-type: none"> ○ Point with a finger to where it is • Radiation <ul style="list-style-type: none"> ○ Does the pain go anywhere else? • Type • How long have you had the pain? • How did it start? <ul style="list-style-type: none"> ○ Injury: <ul style="list-style-type: none"> ▪ Mechanism of injury ▪ How was it treated? ○ Insidious • Progression <ul style="list-style-type: none"> ○ Is it better, worse, or the same? • When <ul style="list-style-type: none"> ○ Mechanical /Walking ○ Rest ○ Night ○ Constant • Aggravating & Relieving Factors <ul style="list-style-type: none"> ○ Stairs ○ Start up, mechanical ○ Pain with twisting & turning ○ Up & downhill ○ Kneeling ○ Squatting 	<ul style="list-style-type: none"> • Onset • How does it start? • Any Hx of trauma? • Frequency • Trigger/aggravated factors • I cannot trust my leg! • true = (Giving way) • Buckling secondary to the pain • Associated symptoms <ul style="list-style-type: none"> - Swelling - Pain

Pain: WWQAA:

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

Swelling	Deformity
<ul style="list-style-type: none"> • Onset • Duration • Painful or not Painless swelling is bad sign • Local vs. generalized • Constant vs. comes and goes • Size progression: same or ↑ • Rapidly or slowly • Aggravated & relived factors • Associated with injury or reactive soft tissue, joint, or bone 	<ul style="list-style-type: none"> • When did you notice it? • Progressive or not? • Associated with symptoms: pain, stiffness, etc.... • Impaired function or not? • Past Hx of trauma or surgery • PMHx (neuromuscular, polio)
Limping	Loss of function
<ul style="list-style-type: none"> • Onset (acute or chronic) • Traumatic or non-traumatic? • Painful vs. painless. First thing to ask in limbing. • Progressive or not? • Use walking aid? • Functional disability? • Associated with swelling, deformity, or fever.? 	<ul style="list-style-type: none"> • How has this affected the patient's life • Home (daily living activities DLA) <ul style="list-style-type: none"> ○ Prayer ○ Squat or kneel for gardening ○ Using toilet ○ Getting out of chairs / bed ○ Socks ○ Stairs ○ Walking distance ○ Go in & out of car • Work • Sport <ul style="list-style-type: none"> ○ Type & intensity ○ Run, jump

Mechanical symptoms

Locking / clicking:

- Loose body, meniscal tear.

Giving way:

- Buckling 2° pain.
- ACL
- Patella

Red flags

- 1) Weight loss
- 2) Fever
- 3) Loss of sensation
- 4) Loss of motor function
- 5) Sudden difficulties with urination or defecation

Risk factors

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

Current and Previous History of Treatment

❖ Non-operative:

- Medications:
 - Analgesia
 - Antibiotic
 - Patient's own
- Physiotherapy
- Orthotics:
 - Walking aid
 - 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
- constant

- **Aggravating & Relieving Factors:**

- Stairs
- Start up, mechanical
- Pain with twisting & turning
- Up & downhill
- 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

- Associated symptoms:
 - Paresthesia
 - Numbness
 - Weakness
 - L4
 - L5
 - S1
 - Bowel, Bladder
 - Cervical myelopathy
 - Clumsiness of hand
 - Unsteadiness
 - Manual dexterity =skills in performing tasks especially with the hands

- 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.

Cont. 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.
- 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.
- 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