

# ORTHOEADIC 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; remaining 40 %is a combination of examination findings and investigations .
- 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
  - 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 or stiffness
- Impaired function or not?
- Past Hx of trauma or surgery
- PMHx (neuromuscular, polio...etc)



# 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 (Activities of Daily Living [ADL])
  - Praying
  - Using toilet
  - getting out of chairs / bed
  - socks
  - stairs
  - squat or kneel for gardening
  - walking distance
  - get in & out of cars
- Work
- Sport
  - Type & intensity
  - Run, jump

# Mechanical symptoms

## Locking / clicking

- Loose body, meniscal tear

## 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 MSK injury/condition
- PHx Carcinoma

# Current and previous history of treatment

- **Nonoperative**
  - Medications
    - Analgesia
    - How much
    - How long
  - Physiotherapy
  - 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
    - 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