HISTORY TAKING

Lecture 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: Dr's slides & 436 team

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 a combination of examination findings and investigations.
- History taking can either be of a traumatic or non-traumatic injury.

HISTORY STRUCTURE

- Demographic features
- Chief complaint
- History of presenting illness
  - MOI= Ask about the mechanism of injury
  - 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

most common are the first six.

- ❑ Altered Sensation
- ❑ Loss of function
- ❑ Weakness

PAIN: WWQQAA:

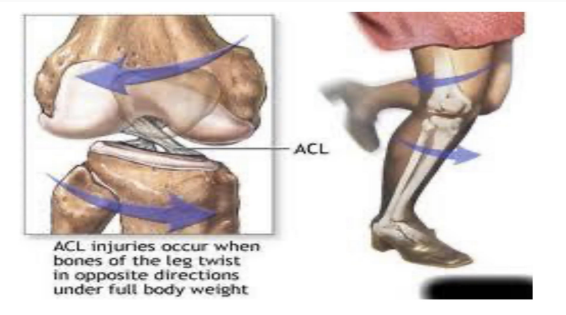
- ➢ **W**here: location/radiation.
- ➢ **W**hen: onset/duration.
- ➢ **Q**uality: what it feels like.
- ➢ **Q**uantity: intensity, degree of disability.
- ➢ **A**ggravating and **A**lleviating factors.
- ➢ **A**ssociated symptoms.

PAIN	SWELLING

• **Location**
  ○ Point with a finger 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:
- Progression (is it better or ,worse,or the same?)
• **When**
  ○ Mechanical/Walking
  ○ Rest
  ○ Night
  ○ Constant it indicates to advanced pain
• **Aggravating & Relieving Factors**
  ○ Stairs
  ○ Start up, mechanical
  ○ Pain with twisting & turning Up & down hills
  ○ Kneeling
  ○ Squatting
	• **Duration**
	• **Onset**
	• **Painful or not** Painless swelling is bad sign
	• **Local vs. generalized**
	• **Constant vs. comes and goes**
	• **Size of progression:**
	  ○ same or ↑
	• **Rapidly or slowly**
	• **Aggravating & relieving factors**
	• **Associated with injury or reactive**
	• **soft tissue, joint, or bone**
	 
	
	 

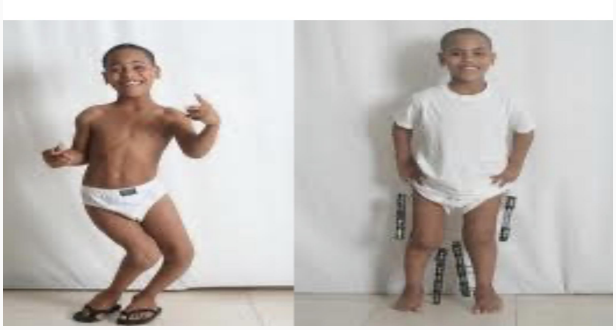
INSTABILITY

- **Onset**
- **How does it start?**
- **Any Hx of trauma?**
- **Frequency**
- **Trigger/aggravated factors**
- **True = (Giving way):**
  - Buckling secondary to the pain
- **I cannot trust my leg!**
- **Associated symptoms:**
  - Swelling
  - Pain



DEFORMITY

- **When did you notice it?**
- **Progressive or not?**
- **Associated with symptoms:**
  - pain, stiffness, etc.…
- **Impaired function or not?** important to ask
- **Past Hx of** trauma or surgery
- **PMHx (**neuromuscular like polio**)**



LIMPING

- **Painful vs. painless.** First thing to ask in limbing
- **Onset:**
  - acute or chronic
- **Progressive or not?**
- **Use walking aid?**
- **Functional disability?**
- **Traumatic or non-traumatic?**
- **Associated with:**
  - swelling, deformity, or fever.? Night sweat

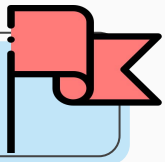
LOSS OF FUNCTION

- **How has this affected the patient's life**
- **Home (daily living activities DLA)** score (to see how much functional demand the patient has)
  - Prayer
  - Squat or kneel for gardening
  - Using toilet
  - Getting out of chairs / bed
  - Socks
  - Stairs
  - Walking distance
  - Go in & out of car
- **Work**
- **Sport**
  - Type & intensity
  - Run, jump

MECHANICAL SYMPTOMS

- Locking / clicking:
  - Loose body, meniscal tear.
- Giving way:
  - Buckling 2°pain.
  - ACL=anterior cruciate ligament
  - 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) older patients have more risk to develop degenerative disease
Trauma and sport more in younger age
• Gender
• **Obesity**
• Lack of physical activity
• Inadequate dietary calcium and vitamin D
• Smoking
• Occupation and Sport
• Family History (as: SCA) like sickle cell anemia patient more expose to hip osteoarthritis and spine problems
• Infections
• Medication (as: steroid leads to osteoporosis)
• Alcohol
• PHx MSK injury/condition
• PHx Cancer

CURRENT AND PREVIOUS HISTORY OF TREATMENT

❖ Non-operative:
  ➢ Medications:
    ■ Analgesia
- How much, How long
    ■ Antibiotic
    ■ Patient's own
  ➢ 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
  - 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

- **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.

- **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
      - Top shelves
      - Hanging washing
  - Work
  - Sport