

## Hx Taking + Physical Exam Cheat Sheet by Siffi (Siffi) via cheatography.com/122609/cs/22965/

Hx Taking			Hx Taking (cont)				
Focused:	Site - Where the pain is? Different site or local? Note their gestures			Family Hx - Any joint/systemic diseases - ask about grandparents/parents + siblings			
	Onset - Spontaneous/gradual/sudden/traumatic?			Social Hx - Work + Home life - how does this pain/symptom			
	Aggravating/relieving factors - Rest? Movement?posture? Have patient demonstrate movements/posture			affect them at work/home? Hobbies affected? - Outcome measure/goals for the patient			
	Quality of pain - Character of pain in patient's own words as much as possible, if they can't, give them a list -			Functional assessment - Loss of function?			
	Burning, deep, dull, aching, sharp,throbbing, stabbing		Red Flags	Clinical features - serious, uncommon conditions/diseases			
	Radiation - Where the pain goes and what character it is? Different from local pain?			- requires URGENT evaluation - Tumours, infection, f#, neurological damage			
	Severity - 1-10 scale, functional disability (outcome	,	Yellow	Psychosocial + Occupational factors that could increased			
	measure)		Flags	the risk of chronicity - Bournemouth Questionnaire (BQ)			
	<b>Time</b> - length of time pain has been present - constant? intermittent? variable? 24 hr period?			Attitudes + Beliefs about pain			
				Behaviours			
	Associated symptoms - Stiffness, Swelling, crepitus, locking, instability, weakness and neurological signs - did you notice any other symptoms come on at the time of your pain?			Compensation issues			
				Diagnostic + Treatment Issues			
				Emotions			
	or your pain:			Family life			
General Hx	Systems review - Is the pain coming from a certain system? Check organs  Previous Health - previous trauma, operations, medical illnesses, investigations + treatment - similar past episodes/previous MSK disorders " Have you seen any			Work Life			
			Physical Exam				
			Process	es: LOOK, FEEL, MOVE, SPECIAL TESTS			
			Palpation	n: Bony + Soft Tissue - Look for - Deformity, Warmth,			
	other professionals about this? What did they do? Did it			Crepitus, Muscle Tone, shape + Size, Swellings,			
	help?"			Tenderness			



By **Siffi** (Siffi) cheatography.com/siffi/

illnesses, surgery + stress

Other Potential precipitating factors - infections,

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ROM

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AROM, PROM, RROM - End Feel, stiffness, Pain,

AROM + RROM - Muscular/contractile Tissue.

PROM = Non-contractile tissue

Crepitus, locking.



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Activity

Mechanical Sensitivity						
- Neuromuscular Condition can be aggravated by various provoking factors	- Classed as Low/Moder- ate/High					
- Effective Management Plan						
Questions:	What Activity brings on the pain?					
	How long can the pt perform the activity before the onset of pain?					
	After onset - can they keep working, if so, how long for?					
	After stopping - How long does the pain take to settle?					
Assessment Factors	Nature of activity that provokes symptoms					
	Intensity of the pain provoked					
	Time Span between onset + Offset					

Moderate Sensitivity	v (	(Mild Reactor)
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- Definite Pain
 - Pain unusually Gradual Onset - Slow then
 free period
 - Patient ceases
 - Pain stops after 1 or 2 hours after stopping

Rx: Mobilisation + Moderate Myofascial therapy + less intense forms of manual therapy

## Low Sensitivity (Weak Reactor)

- Long delay in onset of pain - Strenuous activity provokes it

activity

Pain level rises slowly,
 Patient can continues with
 When the patient stops activity pain settles rapidly - within 15-30
 the activity
 minutes

Rx: Any form of manual therapy - low chance of reaction

## High Sensitivity (Strong Reactor)

Severe Pain - Provoked Easily

- Rapid Onset of Pain during activity

- Patient Ceases activity and pain occurs hours afterwards

- Radiation of Pain is Common

 $\textbf{Rx: NOT RECOMMENDED FOR:} \ Manipulation, \ Mobilisation, \ deep$ 

myofascial therapy

Recommended: Drug Therapy, PIR + Gentle Massage



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