## Cheatography

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

Hx Taking		Hx Takir	ng (cont)	
Focused:	<b>Site</b> - 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?pos- ture? 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		Functional assessment - Loss of function?	
	as much as possible, if they can't, give them a list -			
	Burning, deep, dull, aching, sharp,throbbing, stabbing	Red	Clinical features - serious, uncommon conditions/diseases	
	Radiation - Where the pain goes and what character it is? Different from local pain?	Flags	<ul> <li>requires URGENT evaluation - Tumours, infection, f#, neurological damage</li> </ul>	
	<b>Severity</b> - 1-10 scale, functional disability (outcome measure)	Yellow Flags	Psychosocial + Occupational factors that could increased the risk of chronicity - Bournemouth Questionnaire (BQ)	
	Time - length of time pain has been present - constant?		Attitudes + Beliefs about pain	
	intermittent? variable? 24 hr period?		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	
			Family life	
General	Systems review - Is the pain coming from a certain		Work Life	
Hx	system? Check organs			
	Previous Health - previous trauma, operations, medical	Physical Exam		
	illnesses, investigations + treatment - similar past	Process	es: LOOK, FEEL , MOVE, SPECIAL TESTS	
	episodes/previous MSK disorders " Have you seen any other professionals about this? What did they do? Did it help?"	Palpatio	<ul> <li>n: Bony + Soft Tissue - Look for - Deformity, Warmth,</li> <li>Crepitus, Muscle Tone, shape + Size, Swellings,</li> <li>Tenderness</li> </ul>	
	Other Potential precipitating factors - infections, illnesses, surgery + stress	ROM	AROM, PROM, RROM - End Feel, stiffness, Pain, Crepitus, locking. AROM + RROM - Muscular/contractile Tissue. PROM = Non-contractile tissue	

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Mechanical Sensitivity		Moderate Sensitivity (Mild Reactor)
- Neuromuscular Condition can be aggravated by various provoking factors	- Classed as Low/Moder- ate/High	- Definite Pain- Pain unusually Gradual Onset - Slow thenfree periodbuilds up during activity
- Effective Management Plan		<ul><li>Patient ceases - Pain stops after 1 or 2 hours after stopping</li><li>Activity activity</li></ul>
Questions:	What Activity brings on the pain?	<b>Rx:</b> Mobilisation + Moderate Myofascial therapy + less intense forms of manual therapy
	How long can the pt perform the activity before the onset of	Low Sensitivity (Weak Reactor)
	pain? After onset - can they keep working, if so, how long for?	<ul> <li>Long delay in onset of pain</li> <li>Strenuous activity provokes it</li> <li>Pain level rises slowly,</li> <li>When the patient stops activity -</li> <li>patient can continues with</li> <li>pain settles rapidly - within 15-30</li> </ul>
	After stopping - How long does the pain take to settle?	the activity minutes  Rx: Any form of manual therapy - low chance of reaction
Assessment Factors	Nature of activity that provokes symptoms	
	Intensity of the pain provoked Time Span between onset + Offset	
High Sensitivity (Strong Reactor)		
Severe Pain - Provoked Easily	- Rapid Onset of Pain during activity	
- Patient Ceases activity and pain occ hours afterwards	curs - Radiation of Pain is Common	
Rx: NOT RECOMMENDED FOR: Ma myofascial therapy	nipulation, Mobilisation, deep	

Recommended: Drug Therapy, PIR + Gentle Massage

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