

Triaging

1. Probability Diagnosis - Dr's perspective
2. Serious Disorders should not to missed - high index of suspicion, red flags and considered until proven otherwise
3. Pitfalls (Conditions that are often missed - usually non-life threatening)

Further questions should be considered

1. Symptoms due to visceral/serious/potentially life threatening disease?
2. Tissue responsible?
3. What is happening for the tissue to generate pain?

Back Pain General S&S

Mechanical

Not Associated with Marked Swelling/warmth

Limited to one joint

Lessened by rest and aggravated by Activity (opposite to inflammatory back pain)

Systemic Inflammatory

Boggy swelling, warmth and redness of a joint - symmetric

Pain relieved with activity, aggravated by rest & inactivity

Morning stiffness/pain >30 mins

Systemic disease

Synovitis

Subcutaneous nodules on extensor Surfaces

Joint & Valgus Deformities common

Extensor tendon ruptures

Night pain

Local Inflammatory

No systemic signs

Localised morning pain/stiffness >30 minutes

Localised boggy swelling, warmth & redness of a joint

Night pain

Degenerative

Bony Swelling, symmetrical/asymmetrical

Morning stiffness/pain <30 minutes

Aggravated by activity, relieved by rest

Weakness and tightness of muscles crossing involved joints

Varus deformity

Crystal deposition joint disease

Very painful, red ,hot, swollen joint



Back Pain General S&S (cont)

Loss of ROM
 No systemic signs/symptoms
 Severe joint destruction

Nerve Compression

Pain, Weakness, SMR findings, paraesthesias in derma/myotomal areas
 Stretching of Nerve increases Pain
 +ve Tinel's sign

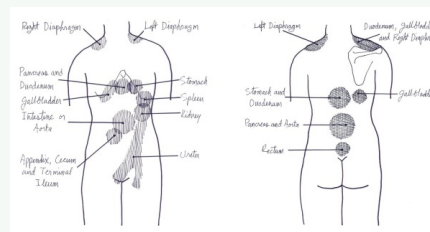
Neoplasm

No comfortable position
 No relief from pain
 Often wakes up patient from sleep
 Fever, weight loss, fatigue

Septic Arthritis

Red, Hot , Swollen joint
 Very Painful
 Fever and Fatigue
 Decreased Joint ROM

Visceral Referral patterns



Additional referral Patterns

Bladder: Lower abdomen and upper thighs
Oesophagus: Sternum + Left upper Thorax
Heart: Base of neck, left jaw, left shoulder + arm
Liver: Right Shoulder
Pancreas: Lower left quadrant, umbilicus
Spleen: Left Shoulder + Upper third of arm

Patient Consultation

Three phases:

Rapport

Diagnostic phase (Hx, physical exam, investigations)

Management (education, reassurance, explanation, manual, functional, motivation interviewing, OTC medications, follow up, further investigations,



Types of Rapport Building

Neurolinguistic Programming (NLP):	Establish rapport by, mimicking body language, speech, posture, pace - improves patient's attitudes
Mirroring	Coping patient's gestures and position - uncomfortable/unusual gestures should not be mirrored- matched by c same rhythm - cross pacing
Pacing	Matching a person's pace/rhythm - breathing, talking, movements of the head, hands/feet Then go on to try and change their pace by changing yours - leading
Vocal Copying	Copying intonation, pitch, volume, pace, rhythm, breathing and length of the sentence



By **Siffi** (Siffi)
cheatography.com/siffi/
ko-fi.com/siffi7625

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