

### 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

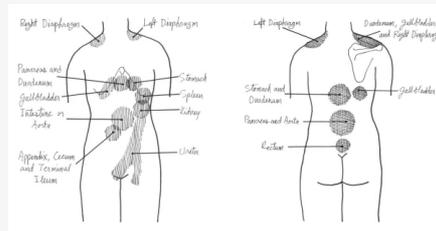
### Neoplasm

- 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, referral)



### 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 doing something else in the 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

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Page 3 of 3.

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