

Hx Taking

Focused:	Site - Where the pain is? Different site or local? Note their gestures
	Onset - Spontaneous/gradual/sudden/traumatic?
	Aggravating/relieving factors - Rest? Movement? posture? Have patient demonstrate movements/posture
	Quality of pain - Character of pain in patient's own words as much as possible, if they can't, give them a list - Burning, deep, dull, aching, sharp, throbbing, stabbing
	Radiation - Where the pain goes and what character it is? Different from local pain?
	Severity - 1-10 scale, functional disability (outcome measure)
	Time - length of time pain has been present - constant? intermittent? variable? 24 hr period?
	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?
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 other professionals about this? What did they do? Did it help?"
	Other Potential precipitating factors - infections, illnesses, surgery + stress

Hx Taking (cont)

	Family Hx - Any joint/systemic diseases - ask about grandparents/parents + siblings
	Social Hx - Work + Home life - how does this pain/symptom affect them at work/home? Hobbies affected? - Outcome measure/goals for the patient
	Functional assessment - Loss of function?
Red Flags	Clinical features - serious, uncommon conditions/diseases - requires URGENT evaluation - Tumours, infection, f#, neurological damage
Yellow Flags	Psychosocial + Occupational factors that could increased the risk of chronicity - Bournemouth Questionnaire (BQ)
	Attitudes + Beliefs about pain
	Behaviours
	Compensation issues
	Diagnostic + Treatment Issues
	Emotions
	Family life
	Work Life

Physical Exam

Processes:	LOOK, FEEL, MOVE, SPECIAL TESTS
Palpation:	Bony + Soft Tissue - Look for - Deformity, Warmth, Crepitus, Muscle Tone, shape + Size, Swellings, Tenderness
ROM	AROM, PROM, RROM - End Feel, stiffness, Pain, Crepitus, locking. AROM + RROM - Muscular/contractile Tissue. PROM = Non-contractile tissue



Mechanical Sensitivity

- Neuromuscular Condition can be aggravated by various provoking factors
- Effective Management Plan

- Classed as Low/Moderate/High

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

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

Rx: NOT RECOMMENDED FOR: Manipulation, Mobilisation, deep myofascial therapy

Recommended: Drug Therapy, PIR + Gentle Massage

Moderate Sensitivity (Mild Reactor)

- Definite Pain free period

- Pain unusually Gradual Onset - Slow then builds up during activity

- Patient ceases Activity

- Pain stops after 1 or 2 hours after stopping activity

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

- Pain level rises slowly, patient can continue with the activity

- When the patient stops activity - pain settles rapidly - within 15-30 minutes

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

