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?

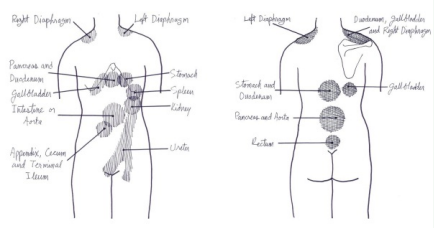
Back Pain General S&S

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

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

Not published yet.
Last updated 23rd May, 2020.