

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
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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

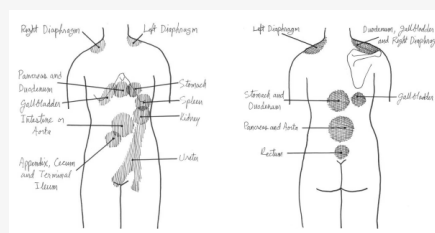
Neoplasm

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

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