

# Orthopedic History Taking

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- Importance
- Structure
- Orthopedic C/O...
- History of treatment
- Special H/O:
  - Pediatric
  - Spine
  - Shoulder
  - Knee

# IMPORTANCE

- History taking is the *most* important step in making a diagnosis.
- A clinician is:
  - 60% closer to a diagnosis with a thorough history.
  - 40% by (examination & investigations).
- History taking can either:
  - Traumatic,
  - Non-traumatic injury.

# Structure Of History

- Demographic features
- Chief complaint
- History of presenting illness
- Past history
- Personal history
- Family History
- Drug History
- History of allergy.
- History of immunisation

# Particulars of patient

- Name
- Age
- Sex
- Religion
- Social status
- Occupation
- Residence

- **History of present illness**
- Mode of onset
- Progression with evolution of symptoms
- Treatment the patient has received

# Common complaints

1. Pain
2. Stiffness.
3. Swelling
4. Instability
5. Deformity
6. Limp
7. Loss of function
8. Altered Sensation.
9. Weakness.

# 1) Pain

- Location
  - Point with a finger to where it is
- Movement-
  - Radiation
  - Referral
  - Shifting
- Nature
- Duration
- Mode of onset—
  - Insideous-Chronic ,
  - Recent-Acute





# 1) Pain

- Progression
  - Is it better, worse or the same
- Periodicity
  - Mechanical / Walking
  - Rest
  - Night
  - Constant



- Aggravating factors
  - Stairs
  - Start up, mechanical
  - Pain with twisting & turning
  - Up & down hills
  - Kneeling
  - Squatting
- Relieving factors

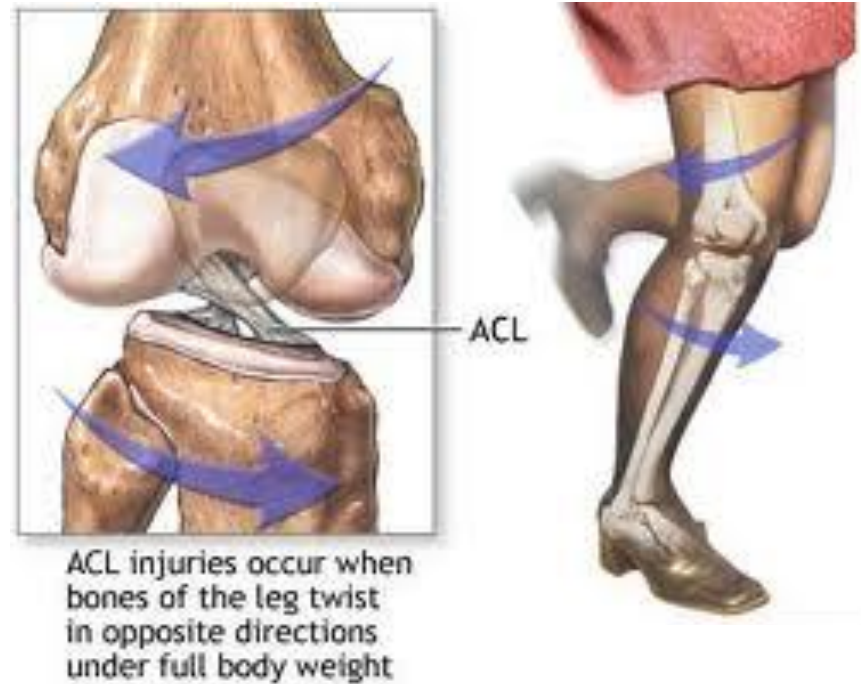
## 2) Swelling

- Onset
- Duration
- Painful or not
- Local vs. generalized
- Constant vs. comes and goes
- Size progression: same or ↑
- Rapidly or slowly
- Aggravated & relived factors
- Associated with injury or reactive
- From: soft tissue, joint, or bone



# 3) Instability

- Onset
- How dose it start?
- Any Hx of trauma?
- Frequency
- Trigger/aggravated factors
- Giving way
- Locking
- I can not trust my leg!
- Associated symptoms
  - Swelling
  - Pain



# Mechanical symptoms

## Locking / clicking

- Due:
  - Loose body,
  - Meniscal tear
- Locking vs. pseudo-locking

## Giving way

- Due:
  - ACL
  - Patella

# 4) Deformity

- When did you notice it?
- Progressive or not?
- Associated with symptoms → pain, stiffness, ...
- Impaired function or not?
- Past Hx of trauma or surgery
- PMHx (neuromuscular, polio)



# 5) Limping

- Onset (acute or chronic)
- Traumatic or non-traumatic ?
- Painful vs. painless
- Progressive or not ?
- Use walking aid ?
- Functional disability ?
- Associated → swelling, deformity, or fever.

# 6) Loss of function

- How has this affected the patient's life
- Home (daily living activities DLA)
  - Prayer
  - Squat or kneel for gardening
  - Using toilet
  - Getting out of chairs / bed
  - Socks
  - Stairs
  - Walking distance
  - Go in & out of car
- Work
- Sport
  - Type & intensity
  - Run, jump



# Red flags

- Weight loss
- Fever
- Loss of sensation
- Loss of motor function
- Sudden difficulties with urination or defecation

# Risk factors

- Age (the extremes)
- Gender
- Obesity
- Lack of physical activity
- Inadequate dietary calcium and vitamin D
- Smoking
- Occupation and Sport
- Family History (as: SCA)
- Infections
- Medication (as: steroid)
- Alcohol
- PHx MSK injury/condition
- PHx Cancer

# Current and Previous History of Treatment

- **Non-operative:**
  - Medications:
    - Analgesia
    - Antibiotic
    - Patient's own
  - Physiotherapy
  - Orthotics:
    - Walking aid
    - Splints
- **Operative:**
  - What, where, and when ?
  - Peri-operative complications

# Pediatric

- Product of → Full term or premature
- Pregnancy → normal or not
- Delivery → Normal / CS
- Family → parents relatives, patient sequence, F/H of same D.
- Any → NICU, jaundice, blood transfusion
- Vaccination
- Milestones → neck, flip, sit, stand, walk
- Who noticed the C/O

# Spine

- Pain radiation → as L4, exact dermatome or myotome
- Coughing, straining
- Sphincter control (urine & stool)
- Shopping trolleys (forward flexion)
- Neuropathic:
  - Increase → back extension & walking downhill
  - Improves → walking uphill & sitting
- Vascular:
  - Increase → walking uphill (generates more work)
  - Improves → stop walking (stand) is better than sitting due to pressure gradient

# Spine

- Cervical myelopathy:
  - Hand assessment
  - Coughing, straining
- Red Flags
  - Constitutional symptoms → fevers, sweat, weight loss
  - Pain → night or rest
  - Immunosuppression

# Shoulder

- Age of the patient
  - Younger patients more:
    - shoulder instability,
    - acromioclavicular joint injuries
  - Older patients more:
    - rotator cuff injuries,
    - degenerative joint problems
- Mechanism of injury
  - Abduction & external rotation → dislocation of the shoulder
  - Chronic pain upon overhead activity or at night time → rotator cuff problem.

# Shoulder

- Pain where:
  - Rotator Cuff → anterolateral & superior
  - Bicipital tendonitis → referred to elbow
- Stiffness, Instability, Clicking, Catching, Grinding:
  - Initial trauma
  - What position
  - How often
- Weakness → if large tear in the R.C, not as neuro



# Shoulder

- Loss of function:
  - Home:
    - Dressing → coat, bra
    - Grooming → toilet, brushing hair
    - Lift objects
    - Arm above shoulder → top shelves, hanging
  - Work
  - Sport
- Referred pain → mediastinal disorders, cardiac ischaemia

# Knee

- Injury → as: ACL
  - Mechanism → position of leg at time of injury
  - Direct / indirect
  - Audible POP
  - Did it swell up:
    - ❖ Immediately (haemarthrosis)
    - ❖ Delayed (traumatic synovitis)
  - What first aid was done / treated
  - Could continue football match or had to leave

# Knee

- Insidious → as O.A
  - Walking distance
  - Walking aid
  - How pray → regular or chair
  - Cross legs on ground
  - Squat (traditional toilet)
  - Swelling on & off
  - Old injury intra-articular

THANK YOU