



★ *Terminology:*

- 1) **Arthralgia:** joint pain
- 2) **Myalgia:** muscle pain
- 3) **Monoarthritis:** affecting only one joint
- 4) **Oligoarthritis:** affecting multiple joints (2-4)
- 5) **Polyarthritis:** affecting more than 4 joints
- 6) **Gout** is caused by monosodium urate monohydrate crystals
- 7) **Pseudogout** is caused by calcium pyrophosphate (CPP) crystals
- 8) **Flitting (jumping) pain:** a pain that (jumps) from joint to joint over days
- 9) **Disproportionate pain to examination** (The patient is in pain, but the physical examination is free of findings)
- 10) **Hemarthrosis:** articular bleeding, that is into the joint cavity
- 11) **Weakness:** a lack of muscle strength and a reduced ability to move your body (you can't initiate an action like getting up from bed in the morning)
- 12) **Fatigue:** a feeling of extreme tiredness or extreme lack of energy

★ *History Taking*

Common presenting symptoms:

▪ **Pain:**

-Do SOCRATES

1) **Site:** determine 2 things:

Which component is painful (joints, bones or muscles) + If it's local (one joint, bone or muscle) or multiple components

-This will help you in the process of differential diagnosis (for example, if only 1 joint is affected you might think of pseudogout, if multiple you might think of rheumatoid arthritis)

- *Check the tables 13.1+13.2 carefully please*

2) Onset:

<i>Onset</i>	<i>Is seen in</i>
Immediate onset	Traumatic patients
Quickly, often overnight	Crystal arthritis
Gradual onset that develops over 24 hours	Inflammatory causes
Gradual onset that develops over 1-2 days	Joint sepsis

3) Character:

<i>Pain</i>	<i>Character</i>
Bone pain	Penetrating, deep or boring (exacerbated at night)
Muscle pain	Stiffness and aching (exacerbated with movement)
Nerve pain	Shooting caused by peripheral nerve or nerve root impingement (important example is carpal tunnel syndrome)
Fracture pain	Sharp and stabbing (exacerbated by movement and relieved by rest)
Progressive pain	Degenerative disease (ex. Osteoarthritis)
Constant pain with diurnal variation	Think of fibromyalgia (chronic pain syndrome)

4) Radiation:

-General principle: Pain from nerve compression radiates to the distribution of that nerve or nerve root.

<i>Pain</i>	<i>Indication of</i>
Lower leg pain	Intervertebral disc prolapse
Hand pain	Carpal tunnel syndrome

<i>Pain</i>	<i>Radiation</i>
neck pain	The shoulder or scalp
Hip pain	Usually felt in the groin, but may radiate to the thigh or knee

-Check table 13.3 please

5) Associated symptoms:

- Swelling, redness and pain suggests inflammatory arthritis

6) Timing (frequency and duration):

<i>Timing</i>	<i>Indication of</i>
Several years of pain with normal examination (constant pain)	Fibromyalgia
Several weeks of pain, early-morning stiffness and loss of function (each episode lasts around 30 minutes)	Inflammatory arthritis
“Flitting” pain starting in one joint and moving to others over a few days	Rheumatic fever and gonococcal arthritis
Intermittent with resolution between episodes	Palindromic rheumatism

7) Exacerbating/relieving factors:

<i>Cause of pain</i>	<i>Exacerbating/relieving factors</i>
Joints damaged by derangement or degeneration	Exacerbated by movement / relieved by rest
Inflammatory arthritis	Exacerbated by rest/ relieved by movement
Septic joint	Present at rest and movement

8) Severity:

<i>Description of pain</i>	<i>Seen in</i>
Severe pain	Trauma, crystals and septic arthritis
disproportionate pain to examination	Compartment syndrome (Acute) Complex regional pain syndrome (Chronic)

➤ *Patterns of joint involvement:*

<i>Involvement</i>	<i>Suggested cause</i>
Hand and feet small joints	Inflammatory arthritis
Medium or large joint	Degenerative and seronegative arthritis
DIP and CMC joint of the thumb	Nodal arthritis

-Check Figure 13.3 for more clarification

★ Stiffness

Ask if is it:

- Restricted range of movement?
- Difficulty moving, but with a normal range?
- Painful movement?
- Localized to a particular joint or more generalized?

<i>Stiffness type</i>	<i>Character</i>
Inflammatory	Early morning stiffness for 30 minutes which wears off with activity
Mechanical	Stiffness after rest
Polymyalgia rheumatica	Mainly shoulder and pelvic stiffness

★ Swelling

<i>Timing</i>	<i>Indication of</i>
Rapid over 30min	Haemarthrosis
Over few hours	Septic joint
Over hours to days	Traumatic effusion (meniscus and cartilaginous)

★ Erythema and warmth

- Almost in all types of arthritis
- **Heberden's nodes are specific for Osteoarthritis**

★ Weakness

<i>Cause of weakness</i>	<i>Presentation</i>
Joint disorder	Pain or structure disruption
Nerve disorder	entrapment (for ex, CTS)
Muscle disorder	widespread with pain and fatigue

Locking and triggering

- True locking (incomplete range of motion): mechanical causes
- Pseudo-locking: can't do a full range of motion due to pain
- Triggering: block to extension of the finger (usually affects ring or middle fingers if acquired, but affects thumb if it was congenital)

Extra-articular symptoms

-Check table 13.5 carefully please

Past medical history

- Ask about previous attacks and DM

Drug history

-Check table 13.7 carefully please

Family history

- Inflammatory arthritis is more common if a first-degree relative is affected.
- Osteoarthritis, osteoporosis and gout are heritable in a Variable polygenic fashion
- Spondyloarthritis is more common in patients with HLA B27.
- A single-gene defect is found in Marfan's syndrome, Ehlers-Danlos syndrome, osteogenesis imperfecta and Charcot-Marie-Tooth disease.

Social history

Ask the following:

- How does the condition affect the patient's activities of daily living, such as washing, dressing and toileting?
- Can they use the stairs and do they need walking aids? Ask about functional independence, especially cooking, shopping and housework
- Ask about current and previous occupations. Is the patient working full- or part-time, on sick leave or receiving benefits?
- Has the patient had to take time off work because of the condition and is their job at risk?
- Smoking?
- Alcohol intake?
- Certain ethnic groups (SCD, osteomalacia or TB)?

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