# How to Take a History for Knee or Hip OA

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### Patient's Profile

• A ..... Year old male/female patient admitted via the OPD c/o

R/L Groin/Knee Pain of ..... Duration

#### HPI

- Duration
- Onset
- Severity of the pain VAS
- Relieving factors
- Predisposing factors
- Response to physiotherapy

- Walking distance
- Ability to do the stairs and how (normal, pulling with the side rails,
  Pulling and assistance of one, one step at a time, crawling)
- Rest pain
- Ability to reach his toes, wearing socks
- Ability to sit on a normal/high chair and for how long
- Use of walking aids

- Morning stiffness and for how long
- History of inflammatory joint arthritis
- Positive family history of similar conditions
- Previous history of trauma or surgery
- Previous treatments

## Review of systems

Detailed for every system

## Drug history

Detailed

## Past Medical and Surgical History

## Social history

- Where does he/she live (what floor, lift availability, stairs inside the house)
- Toilet availability
- Who does live with the patient

## Physical Exam

- Conscious oriented ......
- VITAL SIGNS

## Detailed exam from head to toe

#### Local exam

- Dressing or wound site or size, clean or soaked, codition of surrounding skin, deformity, movement, ability to walk
- Distal pulses and capillary refill
- Distal power of the lower limb

Hip flexion –L2

Knee extension -L3

Ankle dorsiflexion L4

Toes Extension L5

Toes and Ankle Plantar flexion S1

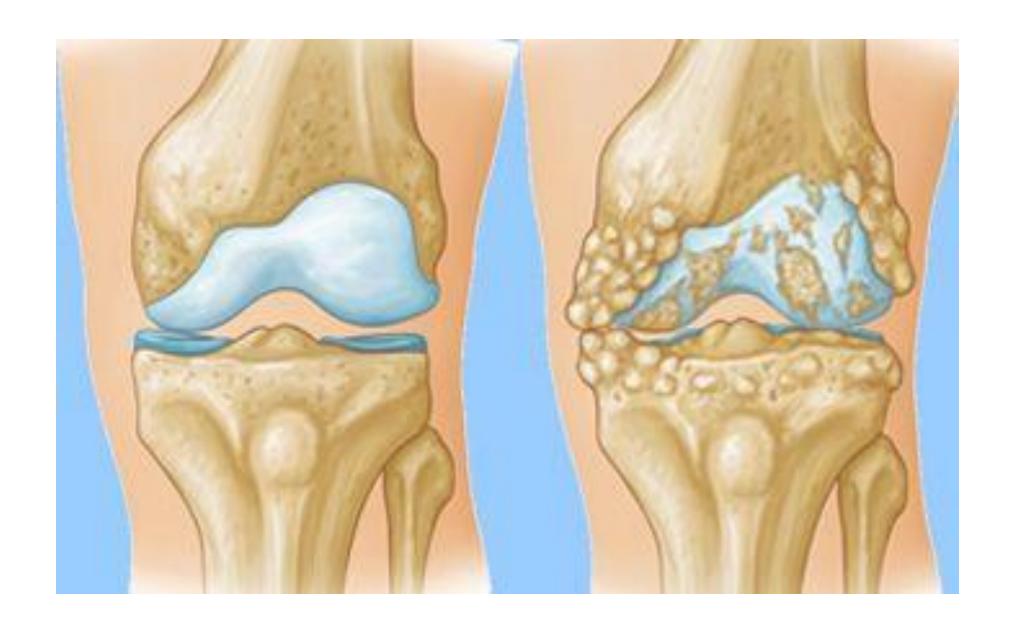
#### **DVT** examination

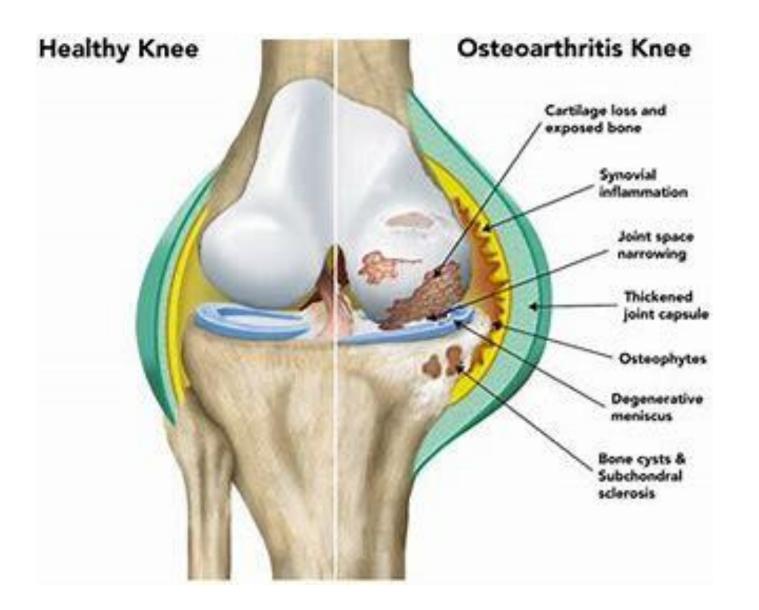
- Swelling redness hotness
- Evidence of superficial thrombophlebitis
- Calf circumference
- Change in consistency of the calf muscle (most sensitive)
- Tender calf or thigh
- Howman's test (Not to be done due to the risk of PE)

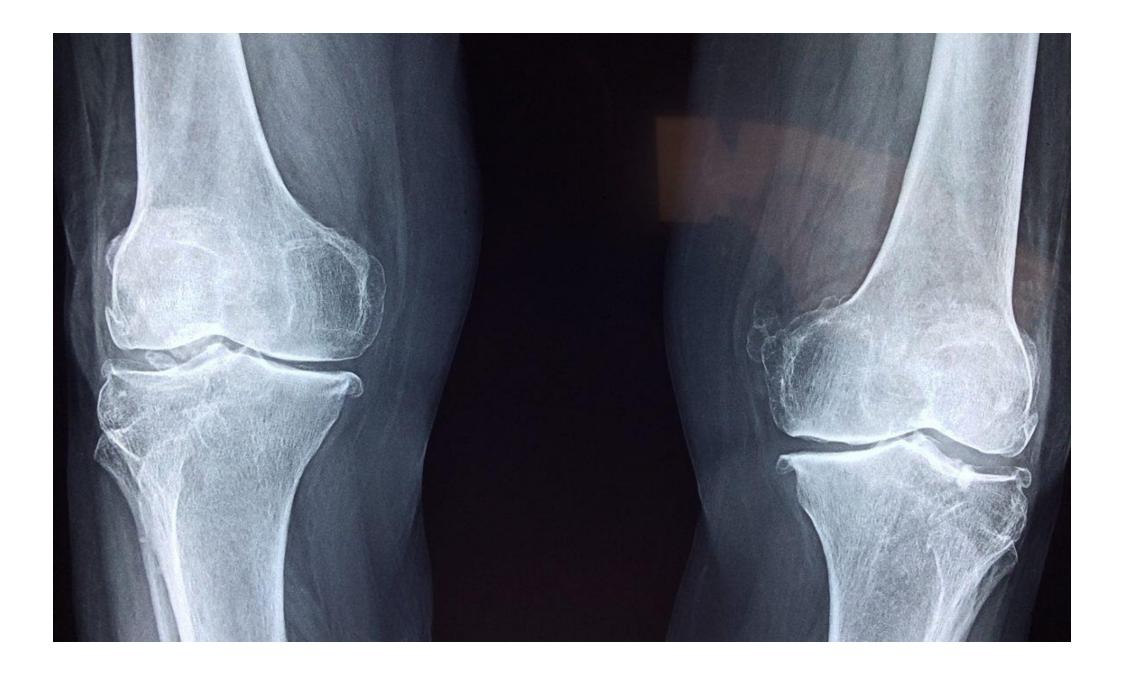
#### Assessment

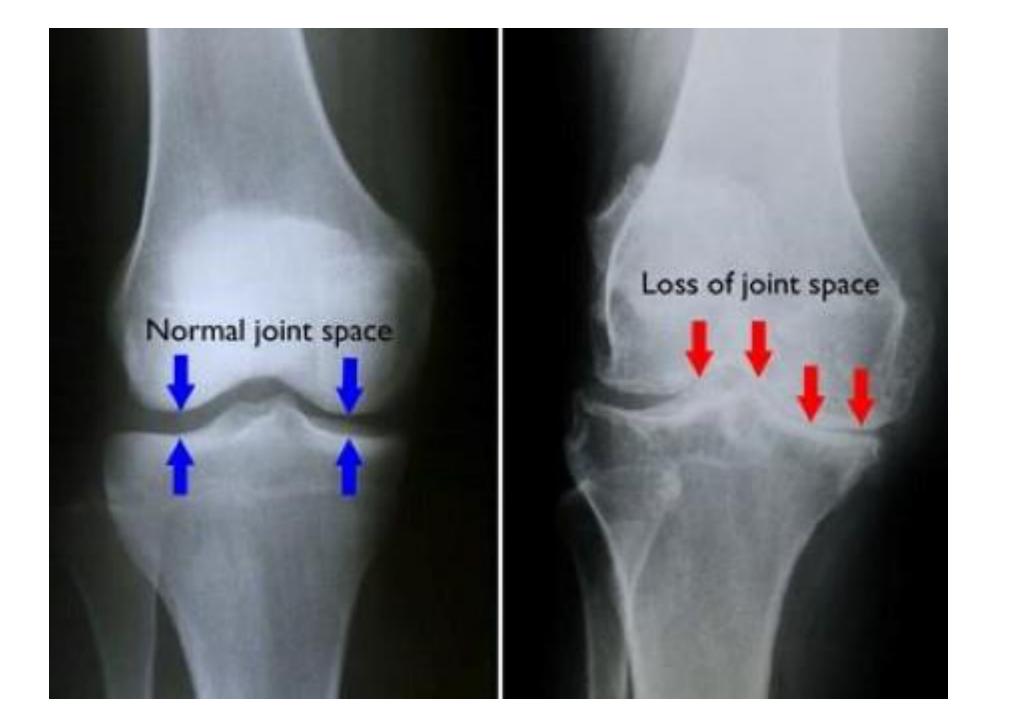
- A.... Year old, male or female patient admitted via the Emergency Department as a case of
- R/L intertrochanteric or neck of femur fracture
- The patient under went ......surgery on ...... This is the ....th day post op

- The patient has the following problems:
- - Pain post op at the fracture site, the patient on regular analgesia (perfalgan and narcotics)
- Unable to walk, On regular visits by the physiotherapist to mobilize the patient with walker and single person assistance





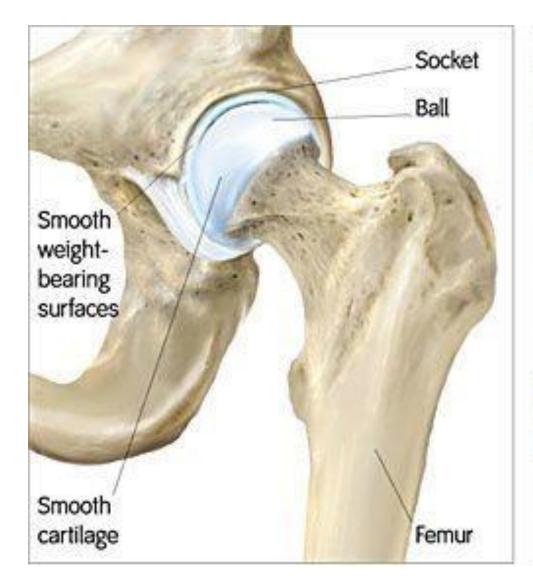


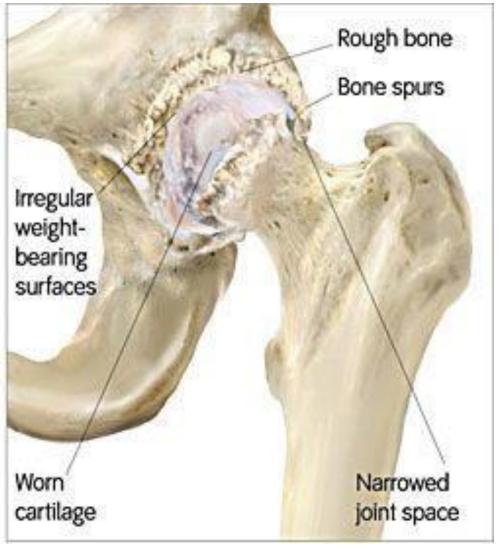


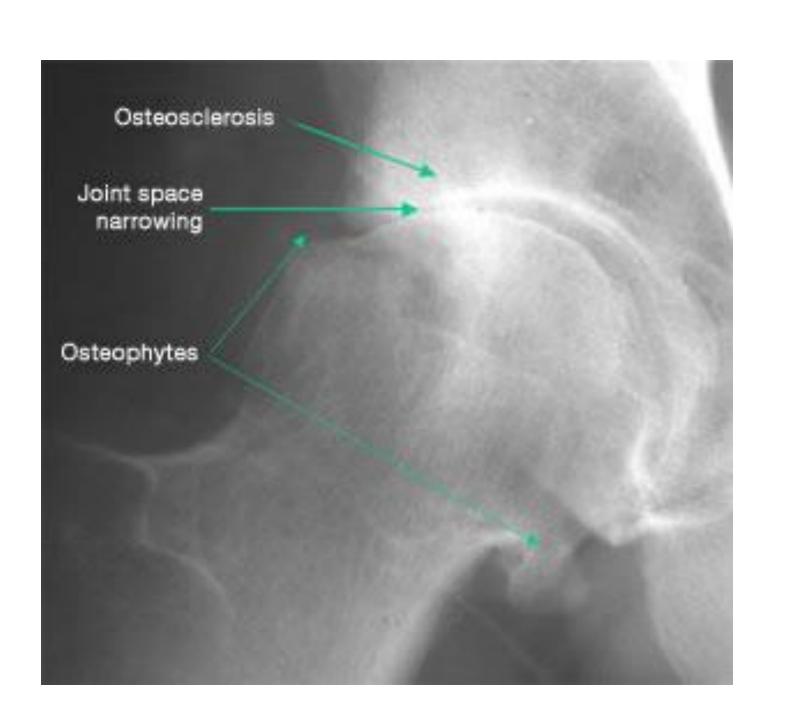




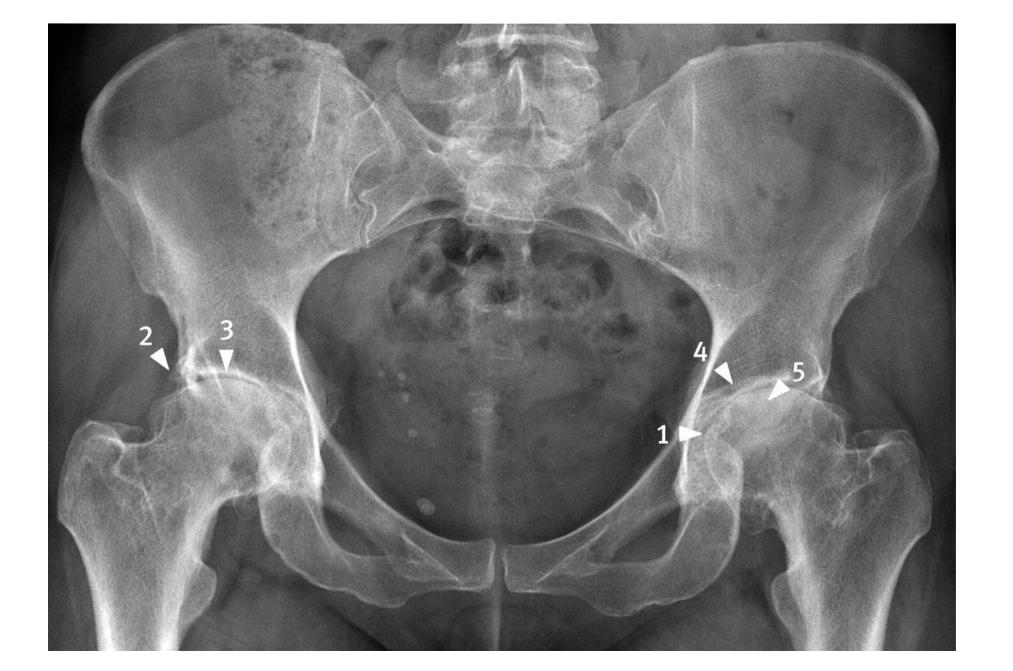












• Thank you