Rough Guide To Case Presentation

It is worth bearing in mind, that the guide lines below, and examples of case presentation laid out here, are by no means definitive. They are merely a rough guide and a starting point for case presentation.

Presentation After History Taking

Mr. X, a (**patients age**) old (**profession)** has presented today with (**area of pain**) and associated (**radicular/sensory/altered bowel/bladder function**) as a result of (**description of injury sustained**), or (**for no apparent reason (NAR)**).

He reports that the point of maximum pain in **(description of reported PMI**) and describes the pain as (**pain description, duration, sharp/shooting on specific movement, eased by…**).

The onset he describes as (**1/7, 1/52, 1/12**) when he (**describe how tissues were injured**).

Since that time he describes his progression as (**getting better, worse, no change since onset, (no better/no worse**).

Mr. X wakes with AM pain & (**early morning stiffness**) EMS+/_ 10 min, as the day progresses his pain (**eases/gets worse with no increase/increase towards evening**). He reports (**no PM pain/ PM pain**). Clarify this…does the patient get woken on movement in bed or do they have to physically get up because the pain wakes them (**Red Flag**).

There is no previous history of this type of pain. The patient has previously injuried (**area of pain**) which was (**untreated/treated successfully by GP, Physio, Osteo, Chiro Other in (number of treatments**). Since the initial episode (**this is the first reoccurrence**), (**pattern of episodes and description of frequency within that period**).

GP (**consulted/not consulted**) on this occasion, (**examined? diagnosis made/ treatment offered**).

Descriptions of B/F, W/F

There is NAR in the past medical/social history.

There is a familial history of …….

There is nothing adverse detected (**NAD**) on systemic screening.

So that is roughly how we should present our findings. Keep details to a minimum, pertinent information only. Don't feel you have to give every piece of information you have gathered, leave something for an external examiner/tutor to ask you. If they ask you score extra points if you have the answer!!!!!!

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Working Or Provisional Diagnosis

At this point in time, my working diagnosis is that this patients is presenting with what appears to be (**tissues injured**).

I have considered in light of the type of presentation that there is a possibility that there may be (**the most relevant differential diagnosis**), but my pathological sieving would suggest that this unlikely (**you need to know why it's unlikely! NO BULLSHIT!**).

I would like to test my working diagnosis by, (**list procedures that you want to conduct to confirm your provisional diagnosis**), through standing observations and gross motility testing. I would like to specifically test the segmental movement of the lumbar spine using Gossip and Step Forward tests. I would like to perform a number of special tests to rule out the possibility of any pathological involvement.

I have concluded form my examination that this patient has injured (**tissues involved**) as a result of … There was NAD on special testing suggesting that this is purely a musculo-skeletal injury, however I will continue to monitor the patients progress and refer if appropriate for futher tests (**know what they are!**).

I will treat using a combination of soft tissue mobilisation, articulation and HVT if indicated. I will also advise this patient on simply stretching exercises to rehabilitate and restore normal function to…and cold/hot compresses to reduce inflammation of the local musculature.

Rough Guide To Management Plan Presentation

Normal Presentation

Today I intend to treat using a combination of … *(Soft tissue, GOT type articulation, MET, NMT and Trigger point work)* on the affected muscle

I plan to mobilise the *(restricted spinal segaments)* using *(name of technique eg: dog D4)*

I plan to mobilise *(name the segments)* over the next 3 ttt starting today with the *(T4..L3..).* On re-testing at the next visit, and if appropriate, I will attempt to manipulate the remaining segments

To reduce post treatment tenderness, I will advise the patient on *(cold/hot or cold)* applications 10 x today and 7 x daily until next visit.

In terms of rehabilitation I will be advising *(patients name)* on *(low back/ neck/shoulder…)* exercises to aid recovery / return to normal levels of activity, which I'll produce on Phys-X and print a copy for *(patient name)* for next ttt.

In my long term management of (patient name), I have considered onward referral to a local gym for ….. *(pilates/yoga/ cardio vascular training, wt control)*

THINK **TOTAL LESION COMPLEX (Domain Theory)** AND ASK YOURSELF WHAT FALLS WITHIN THE SCOPE OF YOUR SKILL AND WHAT YOU CAN ADVISE ON!!!

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Patient Unsafe To Treat

Having examined (patient name), I have concluded that this patient is unsafe to treat and requires an onward referral to (GP / A&E), with a letter of referral outlining my findings and possible diagnosis.

Having examined (patient name), I have concluded that this patient is unsafe to treat and requires an onward referral to (GP / A&E). I intend to fax a letter of referral outlining my findings and possible diagnosis and will ring the surgery to make an emergency appointment on the patients behalf.

You may need to outline your findings and your justification to your external examiners for your decision to make an onward referral

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