UNIVERSITY OF BOLTON

SCHOOL OF SPORT AND BIOLOGICAL SCIENCES

BSc(Hons) SPORT REHABILITATION

SEMESTER ONE EXAMINATION 2018/2019

DIFFERENTIAL DIAGNOSIS, MANAGEMENT & REFERRAL
MODULE NO: SRB6002

Date: Wednesday 16 January 2019 **Time: 10.00 am – 12.00 pm**

INSTRUCTIONS TO CANDIDATES:

There are THREE questions on this paper.

Answer ALL questions for BOTH case scenarios

Both cases carry a total of 50 marks, giving an aggregate of 100 marks.

Sport and Biological Sciences
Sport Rehabilitation
Semester One Examination 2018/2019
Differential Diagnosis, Management & Referral
SRB6002

The attached appendices include 2 patient initial assessment forms.

For each of the cases answer the following questions:

1. a) Based on the information collected at assessment, what would your initial diagnosis be and offer a differential diagnosis. You should relate your answer to both subjective and objective assessment.

   b) Given that this condition is not fully within your scope of practice, what referral pathways would you recommend for the patient?

   (20 marks)

2. Discuss the epidemiological issues relating to your initial diagnosis. Relate your answer to information provided during the subjective assessment.

   (15 marks)

3. Discuss the aetiological process of the condition you have diagnosed. Your answer should relate to both subjective and objective assessments.

   (15marks)

END OF QUESTIONS

First Visit Form
Patient SSIC

University of Bolton
Sports & Spinal Inju

Name_____ Surname_____

Address_____

_____ Post Code _____

Tel Home_____ Tel Work_____

Tel Mob_____ Date of Birth 30/11/1955

Occupation Retired Nurse Uni of Bolton Staff ~~yes~~/no

E-mail Address_____

GP Name _____ Address_____

_____

Sports/hobbies/activities Walking

Frequency of training/activity Daily (pre injury)

What have you injured? Right knee

What was the date of your injury? Unsure

How were you injured (home, sport, work, unsure etc) Unsure

How did you hear about the SSIC?_____

PMH;

General Health ✓

Asthma ☐ Epilepsy ☐ Diabetes ☐ Blood/heart ☐ Cancer ☐ TB ☐

Minor Ops 5 years ☐ Major ops 10yrs ☐

DH: Diclofenac as required

HPC: Has noticed gradually worsening knee pain over last 9-10 months, can't remember any form of traumatic incident to cause the pain. In the last 6 weeks, started to notice increased swelling in the joint as started walking the dog on a new route which involved more rugged terrain. Sometimes the knee can become warm to touch, particularly with swelling. The number of miles has decreased significantly from 10 months ago due to pain.

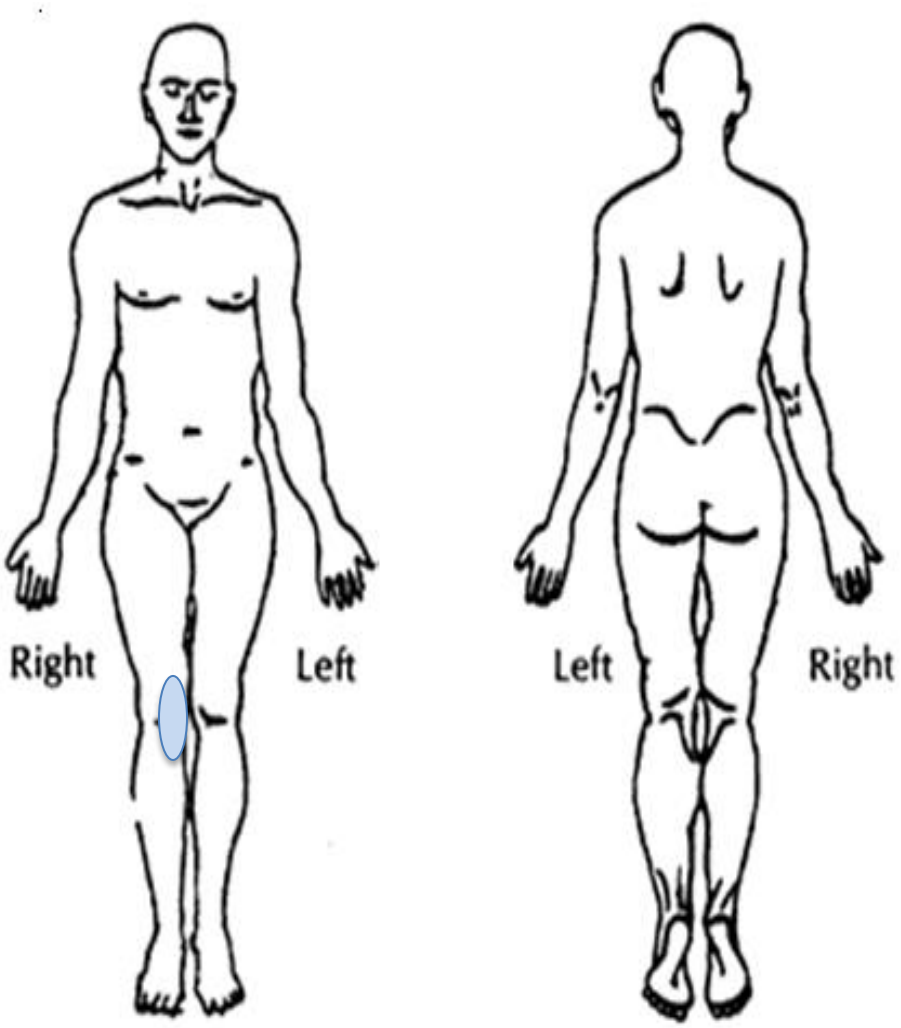
Notices, knee "takes a while to get going" in the morning, particularly during bad episodes. Typically about 20-25 minutes. Pain is generally worse at night and can often prevent her from dropping off to sleep. Only wakes her if she rolls onto her left so the inside of right is touching mattress.

Hasn't sought any other medical opinion. Has come for assessment as knee now starts to feel unstable, particularly if walking for long periods.

RH:
Fractured R ankle after a fall approx 12 years ago, managed conservatively (patient points to anterior talus)

Site, Spread & Nature

Medial aspect of right knee



Pain Score 3/10
6/10 at worse

Constant (dull ache)
Frequent
Occasional

Agg: long walking

getting up after long periods of sitting

Ease: heat in the morning
ice at night
resting knee on pillow

Pattern: symptoms worse in evening/night

SQs:

Cx –	Headaches	BV/DV	Drop Attacks		Cough/Sneeze
Thx-	Breathing		Cough/Sneeze		
Lx-	WL	B & B	Bilat P & N	Saddle Anaesthesia	Cough/Sneeze
Knee-	Locking		Giving Way (feels unstable although never given way)		
Shoulder		Pain beyond elbow			

Notes

Posture: moderate effusion medial aspect right knee

noticeable muscle wastage R quad, especially medial aspect

held in very slight flexion

Movement:

deficit of approx 20° active flexion	P-	
can achieve full active extension	P-	
deficit of 15° passive flexion	P	Hard end feel
can achieve passive extension	P-	elastic end feel

resisted flexion	°P
resisted extension	P through last 30° of movement noticeable weakness compared to L

Stiffness R patello-femoral passive glide medial-lateral °P

Special Tests:

McMurray's P-	tibial IR>ER
sit on heels P+	unable to complete movement due to pain
squat	P after approximately 60° and gets worse any further into movement

Palpation: P+ medial joint line especially medial tibial plateau

First Visit Form
Patient SSIC

University of Bolton
Sports & Spinal Inju

Name_____ Surname_____

Address_____

_____ Post Code _____

Tel Home_____ Tel Work_____

Tel Mob_____ Date of Birth 15/03/2005

Occupation _____ Uni of Bolton Staff yes/no

E-mail Address_____

GP Name _____ Address_____

_____

Sports/hobbies/activities	Football x2 week	Cricket x2 week (Mar-Sep)
Frequency of training/activity		as above
What have you injured?		Right hip
What was the date of your injury?		3 days ago
How were you injured (home, sport, work, unsure etc)		Sport

PMH; General Health ☐

Asthma ✓ Epilepsy ☐ Diabetes ☐ Blood/heart ☐ Cancer ☐ TB ☐

Minor Ops 5 years ☐ Major ops 10yrs ☐

DH:Salbutamol as required, asthma diagnosed when 6 years old. Manages symptoms well.

HPC: noticed sudden severe pain 3 days ago when playing football during PE at school.

Was playing in goal and received blow to the outside top of the thigh. Couldn't continue and has been struggling to walk ever since and put weight on it ever since. Went to A+E yesterday as pain hadn't settled, they suggested it was a "bad muscle strain" and suggested rest and ice.

Has had recent pain in other leg but this was down to, as mother suggests, a recent growth spurt. Patient reports the pain as deep in the joint and he "can't touch the pain" himself.

Now started to get some lower back stiffness as he has had to change how he walks to minimise pain.

Is currently training for both football and cricket. Increase in frequency of training started 4 weeks ago. Has had general achiness from effects of training but nothing as severe as current pain.

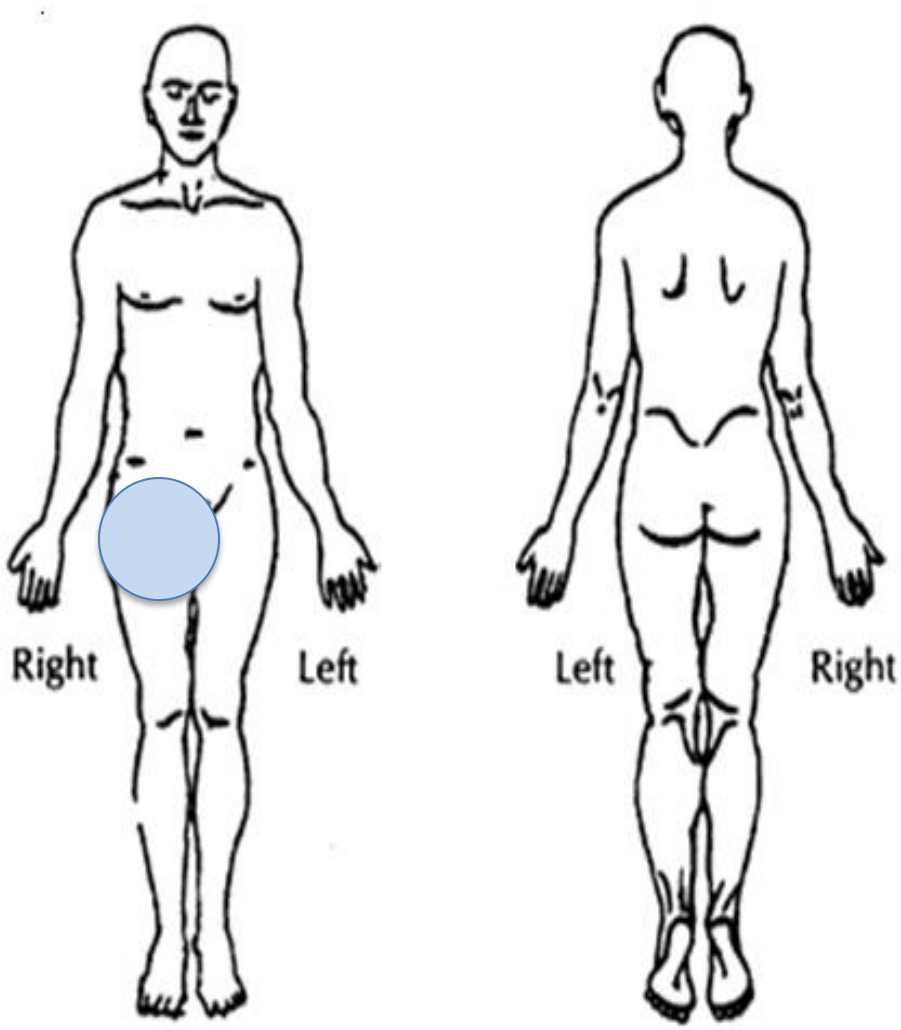
RH:

History of growing pains when younger, particularly in lower back and knees.

No relevant family history

Site, Spread & Nature

Deep within right hip



Pain Score 7/10
Constant (sharp)
Frequent
Occasional

Agg: standing up
stairs
lifting knee to chest

Ease: rest provides minor relief

Pattern: none of note

SQs:

Cx –	Headaches	BV/DV	Drop Attacks	Cough/Sneeze	
Thx-	Breathing		Cough/Sneeze		
Lx-	WL	B & B	Bilat P & N	Saddle Anaesthesia	Cough/Sneeze
Knee-	Locking		Giving Way		
Shoulder		Pain beyond elbow			

Notes

Posture: antalgic gait, unwilling to weight bear through the right leg

holds right leg in femoral external rotation in supine

Movement: all movements restricted and painful

passive and active flexion and internal rotation P++

very guarded during passive movements

unable/unwilling to perform restricted movements due to pain

Special Tests: unable to perform Scour/Quadrant test due to pain and guarding

FABER: R restricted
P++ on attempting overpressure

Palpation: associated muscle tightness to due guarding of hip

unable to reproduce sharp intense pain