

Musculoskeletal History

Presenting complaint-

Complaint	Rationale
Pain - Socrates	Pain is often at the site of inflammation or may be referred to sites well away from site of pathology (somatic referral).
Morning stiffness	Morning stiffness is associated with both inflammatory and degenerative lesions but is often more marked with inflammatory disease and shows a distinct diurnal variation
Swelling	Swelling in the absence of trauma is suggestive but not pathognomonic of inflammation. It is important to be aware that pain or sensory disturbance may give rise to the sensation of swelling without actual swelling being present.
Joints effected over course of disease	Mono articular – usually but not exclusively a feature of degenerative disease, usually DIP or PIP and/or first CMC joint Poly articular – Usually but again not exclusively a feature of inflammatory disease, usually MCP, PIP and MTP joints Oligo articular – Is usually a feature of reactive arthritis, Reiters syndrome usually asymmetrical large joints or dactylitis (sausage digit).
Nodules or lumps	Heberdens nodes – Small bony nodules typically found at dorsum of DIP joint and associated with O.A. Bouchards nodes – Small bony nodules typically found at dorsum of PIP joint and associated with O.A. Rheumatoid nodules – Fleshy and firm typically found at extensor surface of the knuckles
Red/ dry eyes	Commonly conjunctivitis is found Reiters syndrome. Episcleritis is found in SLE and RA. Uveitis is found in anklosing spondylitis and reiters syndrome. Scleritis is found in RA.
Fever, Rash, ulcers	SLE and septic arthritis
Loss of function	Gives an indication as the progression of disease.