

# HISTORY TAKING IN ORTHOPEDICS

MAKE IT RELEVANT &  
COMPREHENSIVE

PATIENT  
INFO

CHIEF  
PRESENTING  
COMPLAINTS

DESCRIBE  
THE CHIEF  
COMPLAINTS

Treatment  
History

Past History

QUERIES

FAMILY  
HISTORY

PERSONAL  
HISTORY

# PATIENT INFO

## NAME

- TO GAIN THE CONFIDENCE OF THE PATIENT
- PATIENT REMAINS ASSURED THAT SOME IMPORTANT DISCUSSION IS BEING CONDUCTED REGARDING HIS MEDICAL CONDITION
- BETTER COMMUNICATION FOR THE EXAMINER

AGE

SEX

RESIDENCE

SOCIOECONOMIC  
STATUS

OCCUPATION

EXAMPLE



## AGE

- AGE IS IMPORTANT AS SOME DISORDERS AFFECT A PARTICULAR AGE GROUP
- ALSO IMPORTANT FOR THE PURPOSE OF DOCUMENTATION
- DEGENERATIVE DISORDER IN OLDER AGE
- HIGHER ENERGY TRAUMA COMMON IN YOUNGER AGE
- PRESENTATION WITH CONGENITAL ANOMALIES AT YOUNGER AGE
- SOME TUMORS AFFECT YOUNG PATIENTS AND SOME AFFECT OLDER PATIENTS
- INFLAMMATORY DISORDERS LIKE RA, AS MANIFEST AT YOUNGER AND MID AGE GROUP

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## SEX

SEVERAL ORTHOPEDIC DISORDERS  
HAVE PREDILECTION TO ONE GENDER

- RHEUMATOID ARTHRITIS IS MORE  
COMMON IN FEMALES
- ANKYLOSING SPONDYLITIS IS MORE  
COMMON IN MALES
- OSTEOPOROSIS INCIDENCE IS  
HIGHER AMONG FEMALES
- THE METASTASIS TO BONE COMMON  
ARISE FROM BREAST CANCER IN  
FEMALES AND PROSTATE CANCER IN  
MALES

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## RESIDENCE

THE IMPORTANCE OF RESIDENCE LIES IN THE FACT SOME DISORDERS ARE PREVALENT IN PARTICULAR LOCATION. THE HIP OSTEOARTHRITIS IS MORE COMMON IN WESTERN COUNTIES THAN ASIAN.

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## SOCIOECONOMIC STATUS

LOW SOCIOECONOMIC STATUS  
CORRESPONDS TO POOR HYEGINE  
HABITS, POOR ACCESS TO GOOD  
NUTRITION, OVERCROWDING, LOWER  
IMMUNITY AND THUS CARRIES THE  
RISK OF NUTITIONAL DISORDERS AND  
INFECTIOUS DISEASES.

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# OCCUPATION

OCCUPATIONAL HAZARDS ARE WELL TO BE WELL KNOWN RISK FACTORS FOR SEVERAL DISEASES.  
WORKERS OPERATING HEAVY DRILLING MACHINERY WITH THEIR HANDS ARE MORE LIKELY TO CARPAL INSTABILITY DUE TO CONSTANT STRESS ON THE WRIST JOINT.  
PROLONGED RADIATION EXPOSURE CAN RESULT IN NEOPLASMS.

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## HOW TO START

MY PATIENT, RAMESH KUMAR, IS A 36 YEAR OLD MALE RESIDENT OF NEW DELHI, LABOUR WORKER BY OCCUPATION BELONGING TO A LOW SOCIOECONOMIC STATUS.

MY PATIENT, AYAN , IS A 3 YEAR OLD MALE, BORN AND LIVING IN NEW DELHI, ATTENDED BY HIS PARENTS, BELONGING TO AN UPPER SOCIOECONOMIC STATUS.

Education		A. Score
1. Professional degree (or Hons or MA above)		7
2. BA or BSc degree		6
3. Intermediate or (post high school diploma)		5
4. High school certificate		4
5. Middle school certificate		3
6. Primary school certificate		2
7. Illiterate		1

Occupation		B. Score
1. Professional		10
2. Semiprofessional		6
3. Clerical, shopkeeper		5
4. Skilled workers		4
5. Semiskilled worker		3
6. Unemployed		1

Income (rupees)	C. Score
1. Above 6000	12
2. 3000-5999	10
3. 2250-2999	6
4. 1500-2249	4
5. 900-1499	3
6. 300-899	2
7. <300	1

Score (A + B + C): class	
26-29	I Upper Class/I Professional
16-25	II Upper Middle Class/II Managerial
11-15	III Lower Middle Class/III Clerical/Skilled
5-10	IV Upper Lower Class/IV Semiskilled
Below 5	V Lower Class/V Unskilled

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# CHIEF PRESENTING COMPLAINTS

FOCUS ON CURRENT CONCERNS OF THE PATIENT THAT MADE THEM VISIT THE HOSPITAL OR SEEK MEDICAL ADVICE.  
OTHERWISE EACH PATIENT WILL HAVE A LONG LIST OF CONCERNS  
ALSO, ENUMERATE ONLY THOSE SYMPTOMS WHICH ARE STILL PRESENT.  
SPECIFY IN CHRONOLOGICAL ORDER  
NO DETAILS OR CHARACTERISTICS OF THE SYMPTOMS NEED TO BE SPECIFIED AT THIS POINT.  
KEEP IT SHORT AND CRISP.

EXAMPLE 1

EXAMPLE 2



## EXAMPLE 1

CHIEF COMPLAINTS:

PAIN RIGHT HIP FOR PAST 6  
MONTHS

LIMP FOR PAST 1 MONTH

HERE IF PATIENT HAS ON AND OFF FEVER,  
THAT CAN ADDED IN DETAILS AS  
ASSOCIATED SYMPTOMS

IF IT WAS PERSISTENT AT THE TIME OF  
PRESENTATION THEN IT CAN ADDED AS  
CHIEF COMPLAINTS ALSO

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EXAMPLE 1

EXAMPLE 2



## EXAMPLE 2

DEFORMITY RIGHT FOOT  
SINCE BIRTH

DIFFICULTY IN WALKING SINCE  
THE CHILD STARTED WALKING

COMMON CHIEF COMP

PAIN

SWELLING

DEFORMITY

LIMP

DIFFICULTY IN MOV'T

FEVER

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# DESCRIPTION OF CHIEF COMPLAINTS

MOST OF THE TIMES THE PATIENTS HAVE PREEXISTING ILLNESS. THOSE CAN BE EXPLAINED IN PAST HISTORY HOWEVER, IF THEY ARE CHRONIC ILLNESS STILL AFFECTING THE PATIENT YOU CAN START WITH "PATIENT IS A KNOWN CASE OF"

- WHEN WAS THE PATIENT APPARENTLY WELL?
- CHARACTERISTIC OF SYMPTOM
- INTENSITY OF SYMPTOM
- ONSET OF SYMPTOM
- ANY TRIGGER EVENT
- PROGRESSION
- TIME FRAME OF PROGRESSION
- HOW IT WAS AND HOW IT IS NOW
- AGGRAVATING FACTORS
- RELIEVING FACTORS
- DIURNAL VARIATION
- SEASONAL VARIATION
- CURRENT IMPACT OF DAILY ACTIVITIES ESPECIALLY TOILET ACTIVITIES.

ASSOCIATED SYMPTOMS

NEGATIVE HISTORY

EXAMPLE



# NEGATIVE HISTORY

- PLAYS IMPORTANT ROLE IN DIAGNOSIS FORMULATION RIGHT FROM THE HISTORY  
- REMEMBER 6 POINTS WHENEVER ASKING NEGATIVE HISTORY

1. TRAUMA
2. INFECTION
3. TUMOR
4. DEGENERATION
5. SYSTEMIC INCL INFLAMMATORY DISORDERS
6. CONGENITAL OR HEREDITARY ILLNESSES

NO H/O TRAUMA  
NO H/O FEVER/RASH  
NO H/O ANY SWELLING OR PROMINENCE IN OTHER BODY REGION  
NO H/O OTHER JOINT SYMPTOMS  
NO H/O RESPIRATORY SYMPTOMS - ASTHMATICs ARE ON STEROIDS, RESPIRATORY FUNCTION MAY GET COMPROMISED IN LONG AS AND RA  
NO H/O BLADDER BOWEL SYMPTOMS- RULE OUT UTI, INFLAMMATORY BOWEL DISORDERS LIKE ULCERATIVE COLITIS  
NO H/O OF ANY SIMILAR SYMPTOMS SINCE BIRTH  
CAN SPECIFY ANY DEVELOPMENTAL ANOMALY FOR PEDIATRIC PATIENTS

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## example

Patients is known case of gastrointestinal tuberculosis undergoing treatment from DOTS centre for past 3 months. The patient was apparently well 3 month back, when he experienced pain in right hip region which was dull aching in nature, mild to moderate in intensity, insidious in onset and gradually progressing over past three months. Earlier patient was able to walk without any limitation but now because of pain patient is able to walk only for short distances. The pain is relived by taking rest and analgesics and aggravated by movements. The pain increases during night and patient often wakes up in midnight because of pain. No seasonal variation has been observed. The patient daily routine activities have been affected, however the patient is able to perform toilet activities with little assistance.

Along with these symptoms the patient also complaints of difficulty in walking for past 2 months. The patient expediences limp with swaying of body to one side of which he is not sure. Earlier the patient was able to walk unaided but gradually the patient required a cane on left side for walking. The limp persisted throughout the walking from the first step and has improved after the use of cane on left side.

### Other associations

- h/o evening rise of temperature - not documented
- night cries as already discussed
- h/o of loss of appetite
- No h/o trauma
- no h/o any discharging wound in any body region
- no h/o any swelling or prominence in any body region
- no h/o rash
- no h/o bladder bowel symptoms
- no h/o respiratory symptoms
- no h/o other joint symptoms

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## Treatment history

Here you need to ask what treatment including self medications have been taken by the patient.

If particular medication is taken for a prolonged duration, you need to rule out any major adverse effects. Prolonged NSAIDS use can result in gastric ailments and renal damage as well.

Also document any improvement in symptoms following the treatments

example



## Treatment history

Prior to the hospital visit the patient had been taking on and off over the counter medication for pain relief. The patient has been taking at least one analgesic tablet per day for past one month. However there is no history s/o any gastric discomfort, flank pain or urinary symptoms. The patient has been started with oral medications and right hip exercises for past 1 week. There is some relief in the symptoms but the symptoms are still present. No injectable medications have been started. Patient also underwent some blood investigations and radiological tests prior to the initiation of treatment.

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## Past history

Here you can add a brief description of related and unrelated disorders of past that were completely treated prior to the onset of current symptoms. For disorder that still persist and are being treated, simply specify that "patient is known case of" undergoing "medical management since" or "had surgical intervention on"  
Always rule out chronic disorders

exam



## Example

The patient is a known case Diabetes Mellitus and Hypertension, and according to the patient they are well under control with oral medications. Patient also gives history of chronic back pain for past two year that has on and off frequency and patient seldom required medications for it. No h/o any acute and chronic medical or surgical illness in the past.

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# Personal History

SUBSTANCE ABUSE - SMOKING/  
TOBACCO/ ALCOHOL  
DIET- Regular or irregular,  
vegetarian or non-vegetarian, DIETRY  
PREFERENCES

WHETHER THE FEMALE PATIENT  
ATTAINED MENOPAUSE

SMOKER HAVE POOR FRACTURE HEALING  
- RISK OF FRACTURE NONUNION

DIET - PROTEIN RICH DIET CAN  
PRECIPITATE GOUT ATTACK

FEMALE HAVE RISK OF POST  
MENOPAUSAL OSTEOPOROSIS



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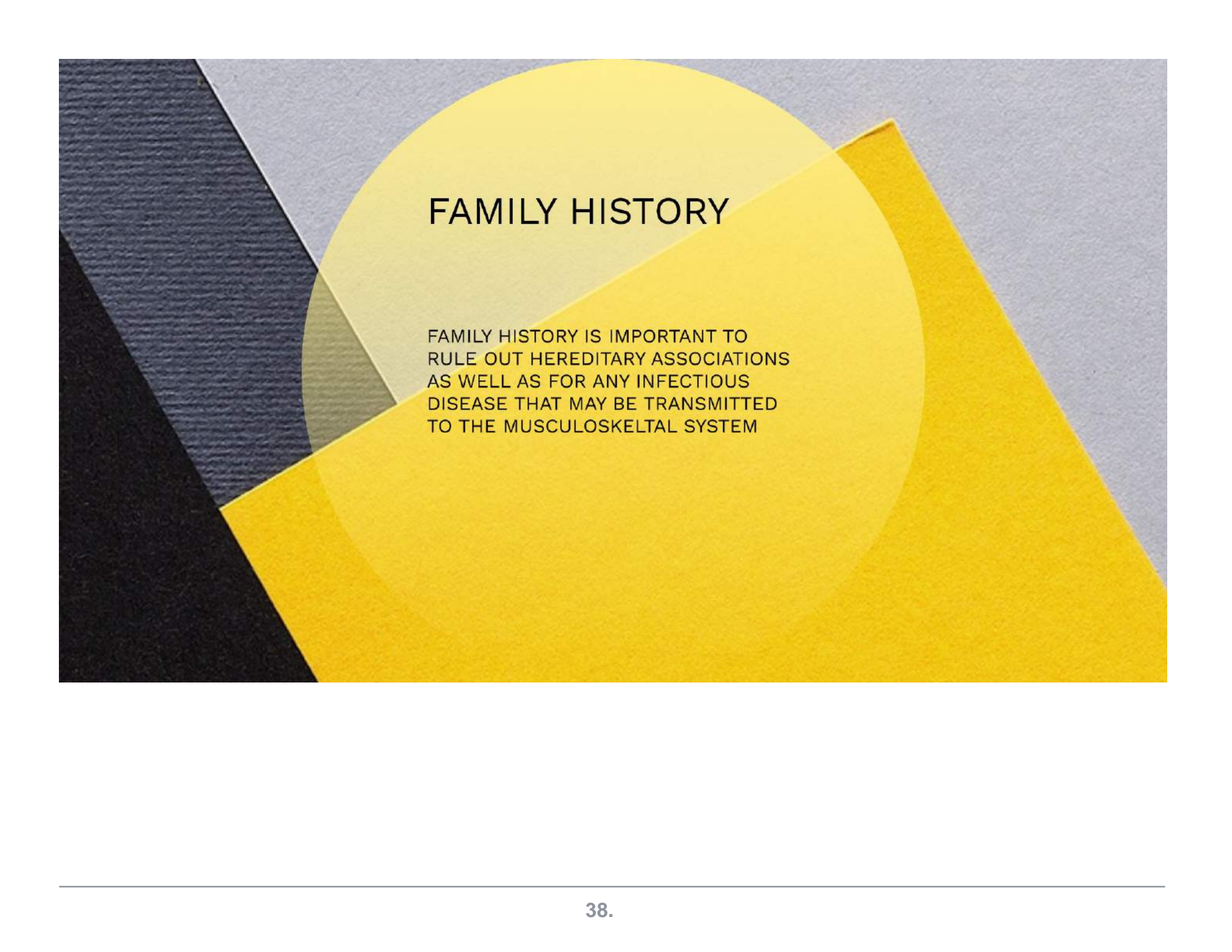
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The background features a large, semi-transparent yellow circle overlapping a grey rectangular area. To the left, there are dark grey and black geometric shapes. The text is centered within the yellow circle.

# FAMILY HISTORY

FAMILY HISTORY IS IMPORTANT TO  
RULE OUT HEREDITARY ASSOCIATIONS  
AS WELL AS FOR ANY INFECTIOUS  
DISEASE THAT MAY BE TRANSMITTED  
TO THE MUSCULOSKELTAL SYSTEM



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THANK YOU

QUERIES: [orthohimsr@gmail.com](mailto:orthohimsr@gmail.com)



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