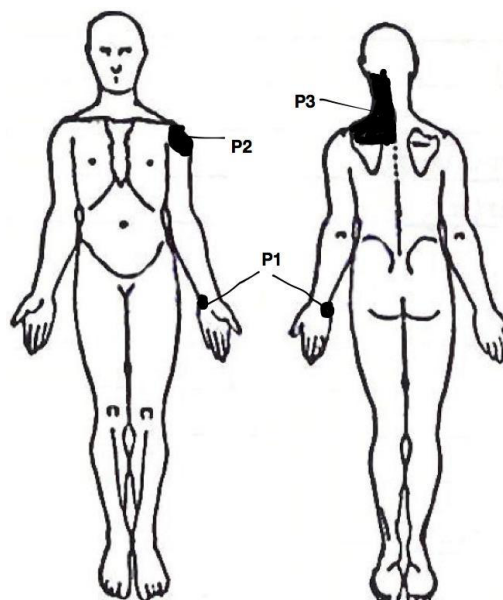


Advanced Case History Exam: Upper Quadrant Sample Subjective Examination

A 61-year-old female retired lawyer presents with left ulnar-sided wrist pain (**P1**). In early August, she slipped on rocks at the beach and fell onto her left outstretched hand suffering a Colles fracture. She was casted for 6 weeks and began physiotherapy immediately after removal of the cast. After 2 months of physiotherapy, she had regained some movement and function but much less than expected and therefore she was referred to you in mid-November. She is left hand dominant. There is minimal pain at rest in the wrist. The pain occurs with supination or weight-bearing through the left hand as when getting out of a chair, pushing a door open, or cutting food with a knife. She is still unable to make meals for herself. She can only use her right hand for personal care in the bathroom. She has hired a helper as she lives alone. Her husband died suddenly 6 months before. She is suing the hospital for inappropriate care of him. Her only child and his young family live 1500 km away. She loves to visit them but is nervous that she wouldn't be able to care for and play with the young children. She has not returned to her bridge group as she can't shuffle cards or hold her cards in her left hand. She is worried that she will not be able to live independently and that her wrist will hurt forever.

Since the cast was removed, she has started to move the left arm more and notices left shoulder pain (**P2**) when she lifts her arm away from her body. Her shoulder pain is aggravated by activities such as dressing and putting her groceries away in cupboards over shoulder height. She is unable to sleep on her left side due to P2.

She also complains of left sided neck pain (**P3**). She has had intermittent neck pain for the past 5 years but it has become constant since the fall in August. P3 is located from the base of the occiput to the spine of the left scapula, not into the arm. Turning her head to the left is restricted and increases P3.



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BEHAVIOUR OF SYMPTOMS:

- P1:** intermittent sharp pain on the ulnar side (palmar and dorsal) of the left wrist, 2/10 dull, achy pain at rest.
- ↑: attempting activities requiring supination such as personal care in the bathroom, brushing hair, weight bearing through the left hand such as pushing up from sitting, pushing a door, or cutting food with a knife (7/10).
- ↓: rest with the arm supported on a pillow; heating pad; Extra Strength Tylenol; once P1 is provoked, it reduces to 2/10 in 3 hours.
- P2:** intermittent left anterolateral shoulder pain, 2/10 dull, achy pain at rest.
- ↑: rolling onto left side when sleeping (5/10); pain becomes sharp when lifting the arm to put on a coat (5/10); lifting small objects over shoulder height (7/10).
- ↓: stopping the pain provoking activity; settles to 2/10 in 3 hours.
- P3:** constant, dull, achy left sided neck pain and stiffness from the base of the occiput to the spine of the scapula, 2/10 at rest.
- ↑: turning head to the left for 5 minutes or longer (4/10); 30 minutes at the computer (5/10); 30 minutes of reading in bed (5/10).
- ↓: lying down supine; heating pad; hot shower; Ibuprofen; changing positions; settles to 2/10 in 3 hours.

Over 24-hour period:

AM (upon waking):

P1: 2/10 and feels very stiff until wrist exercises are performed

P2: 2/10

P3: 2/10 and feels stiff for 30 minutes

PM (through the day):

P1: frequent exacerbations through the day; 4/10 by the evening

P2: frequent exacerbations through the day; 4/10 by the evening

P3: ↑'s through the day; 4/10 by afternoon; 5/10 by the evening

Night: sleeps well unless rolls onto left side

Special Questions and Past History:

Patient denies any unexplained weight loss, fatigue, night pain or sweats, diplopia, dysarthria, dysphagia, drop attacks, or dizziness. She is a non-smoker. She drinks socially. She has high blood pressure that is controlled with medication.