



Monoarticular Pain

1. Introduction

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Module Overview

- Lecture 1: Introduction:

- Musculoskeletal Pain
- History
- Examination
- Investigations
- Differential Diagnosis

- Lecture 2: Septic Arthritis

- Lecture 3: Osteoarthritis

- Lecture 4: Crystal Arthropathies

Aims and Objectives

- To be aware differential diagnosis for acute and chronic monoarticular joint pain
- To outline relevant history and examination features associated with specific diagnosis
- To be able to appropriately investigate and manage a patient with monoarticular pain

Overview

- Assessment of joint pain
- Differential diagnosis for mono-arthritis
- Investigations for mono-arthritis
- Treatment of mono-arthritis

Musculoskeletal Pain

- Common ailment
- May be acute or chronic
- Major cause of morbidity and occupational sickness absence
- Monoarthritis
 - Only one joint affected
- Oligoarthritis
 - 2-4 joints affected
- Polyarthritis
 - ≥ 5 joints affected.



History

- Symptoms
 - Local joint symptoms: pain: SOCRATES, swelling/ deformity, trauma, duration
 - Systemic symptoms
- PMHx
 - Previous trauma; recent infections, skin complaints, haemophilia, IBD
- DHx
 - All medications; specifically anti-arthritis drugs, steroids, diuretics, anticoagulants; **ALLERGIES**
- SHx
 - Alcohol, mobilisation, ability to undertake ADLs, smoking, occupation
- FHx
 - Rheumatoid, gout, OA, haemochromatosis, IDS, haemophilia



Examination

- General inspection:
 - As patient enters room, look at gait if mobilising
 - General appearance of patient
- Inspection (Look)
 - Joint: swelling, position joint resting in, any obvious deformity
 - Skin: for scars, erythema, skin changes
 - Muscles: atrophy
- Palpation (Feel)
 - Bony landmarks, effusion, palpate joint for crepitus, distal neurovascular status
- Compare left and right sides to one-another

Examination

- Movement (Move)
 - Passive then active range of motion
 - Shoulder: abduction: elbow flexed 0° — 90° ; elbow extended 0° - 180° ; adduction; internal rotation: 0° - 90° ; external rotation: 0° - 65° ; flexion: 0° - 180° ; extension 0° - 65° .
 - Elbow: flexion 0° - 150° ; extension: 0° ; pronation and supination.
 - Wrist: flexion: 0° - 75° ; extension: 0° - 75° ; radial deviation: 0° - 20° ; ulna deviation: 0° - 20° ; circumduction of the wrist relies on all 4 movements.; pronation and supination.
 - Hip: flexion: straight leg: 0° - 90° / knee bent: 0° - 135° ; abduction: 0° - 50° ; adduction; internal rotation: 0° - 45° ; external 0° - 45° ; extension: 0° - 20°
 - Knee: flexion: 0° - 135 ; extension 0°
 - Ankle: plantarflexion: 0° - 50° ; dorsiflexion: 0° - 15° ; inversion: 0° - 30° ; eversion: 0° - 15° .



Investigations

- Bedside
 - Bloods
 - Blood cultures
 - Joint aspiration
 - Needs to be done in theatre if prosthetic joint
- Imaging
 - XR: need 2 views (AP and lateral normally)
 - USS
 - CT/ MRI

Differential Diagnosis

- Acute
 - Inflammatory
 - Septic arthritis, immune- mediated arthritis (RA, SLE), gout, pseudogout, transient synovitis
 - Non- inflammatory
 - Trauma, haemarthrosis (primary and secondary), tumour
- Chronic
 - Inflammatory
 - Neoplastic arthritis, immune mediated
 - Tumour
 - Degenerative

Thank you!

Presentation available on
<https://www.bon.ac.uk>

