

Orthopaedics examination in general

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General:

- Always introduce yourself and check that you have the correct patient.
- Gain patient's consent for examination and undress the patient appropriately (ask they require a chaperone).
- Ask the patient which is their 'bad' limb and if there's any pain before you start and always start with the 'normal' limb.
- If you are presenting your findings in an examination, state what signs you can see not "I am looking for swelling..deformity.." this does not let the examiner know if there's actually a swelling or deformity!
- Look, feel and move

Look:

- Examination starts as patient approaches. Always observe the patient on their general appearance, gait and posture. Are they using walking aids? Limping? In pain? Any asymmetry or deformity?
- Look at the skin for scarring, colour changes, abnormal creases.
- Any obvious deformity, swelling, lump or muscle wasting?

Feel:

- Check where is painful before you actually touch the patient.
- Feel the skin; is it cool or warm? Dry or moist?
- Feel the joints and the bones.
- Any pain? Joint line tenderness? Bony tenderness?
- Haemarthrosis? Effusion?
- Is the sensation normal?
- Are pulses intact? Good vascular supply?

Move:

- What are the active range of movements? Ask the patient to move the joint and test for power* as well.
- Passive range of movements by examiner moving the joint.
- Is the movement smooth? Or painful? Associated with crepitus?
- Any abnormal movements? Is it stable or unstable?
- Special tests for joint stability, tendon and muscle viability – Lachmann's, Symmond's, Trendelenburg's etc.

* Muscle power: Medical Research Council Grading

- Grade 0 No movement
- Grade 1 A flicker of movement
- Grade 2 Movement with gravity eliminated
- Grade 3 Movement against gravity
- Grade 4 Movement against resistance
- Grade 5 Normal power