

OSCE History Taking – Notes for Actor

Patient demographics:

You are Jeremy Clarkson, a 62-year-old male presenting to orthopaedics with shoulder pain. When asked you will tell the doctor that you have had shoulder pain for quite some time and want to get it checked out.

Presenting Complaint: SHOULDER PAIN

History of Presenting Complaint:

- **Site:** The pain is localised to your left shoulder, there is no radiation and no symptoms in the right shoulder.
- **Quality:** Very deep pain, not exactly sharp but it's not an ache either. Accompanied by stiffness sometimes
- **Intensity:** 8/10 to 10/10, interfering with your work
- **Timing:** Pain has been present for 3 months now. If asked about changes throughout the day, state that the pain and stiffness are always present and you can never get full relief. The pain has been getting worse over the last 3 months
- **Aggravating:** Anytime you move your arm the pain becomes unbearable.
- **Relieving:** NSAIDs help a little bit but the pain is still unbearable

Other symptoms (ONLY IF ASKED):

- Reduced range of motion of the left shoulder joint
- Disrupted quality of sleep due to waking up from the pain

Negative history:

Deny the following symptoms IF ASKED: skin changes, swelling, fever, weight loss, night sweats, recent trauma to the shoulder, pain in other joints, early morning stiffness and pain which gets better.

ICE

I: You think that you have torn a muscle because the pain is so severe

C: You are worried that the pain will never go away

E: You want an operation to fix whatever this is because medication has not helped

PMH + Surgical History

- You have never had anything like this before
- No surgeries
- Type 2 Diabetes Mellitus

Drug History

- You take gliclazide for T2DM, you adhere quite well to the medication regime and your diabetes is relatively under control
- OTC Ibuprofen for pain, within dose limits
- No herbal remedies
- No Allergies

Family History

- Mother had rheumatoid arthritis

Social History

- You have smoked a pack of cigarettes everyday for the last 40 years
- You drink socially, a beer or two every few weeks with your 2 friends
- You have used some recreational drugs in the 80s but refuse to say what they were
- Occupation: farmer → **the pain is stopping you from working**
- Living arrangements: you live on your farm with your family
- Mobility: you can get around okay but anything involving both arms is near impossible
- Vaccinations: you are up to date on all vaccinations
- You don't really have any hobbies since most of your time is taken up farming
- You have an relatively good diet, get good exercise from farming and sleep 6 hours per night, although the pain has recently been interfering with your sleep a lot.

Diagnosis: ADHESIVE CAPSULITIS

OSCE History Taking – Notes for Candidate

Role: Foundation Year 1 doctor in Orthopaedics Outpatients

Presenting complaint: Shoulder Pain

This is Jeremy, a 62-year-old white male presenting to orthopaedics with shoulder pain.

Please take a history from this patient, you have 8 minutes to do so.

There will be 2-minute further questions from examiner at the end

OSCE History Taking – Examiner marksheet

Opening:

- Introduces themselves
- Confirms Patient demographics
- Explains and gains consent from patient about consultation
- ***Demonstrates relevant and spontaneous empathy at APPROPRIATE times***

Presenting complaint and History of presenting complaint:

- Open questioning to begin
- Structured approach: SQITARS
- Elicits that this is a progressive, deep, severe, unilateral shoulder pain, associated with reduced range of movement.
- Red flags features screened for:
 - trauma (fractures)
 - weight loss, night sweats (malignancy)
 - fever (osteomyelitis/septic arthritis).
- ICE
- Uses clear language and avoids jargon
- Elicits that there is accompanying stiffness
- Elicits that the pain is interfering with sleep, precipitated by movement, and also limiting ability to work

Systemic enquiry:

- Screens for relevant symptoms in other body systems, here mainly signs and symptoms of rheumatological differentials such as PMR, rheumatoid arthritis, and systemic lupus erythematosus.

PMH/Surgical history

- Asks about any medical conditions and trauma to the shoulder + previous episodes
- Elicits T2DM diagnosis
- Asks about relevant surgical procedures

Drug History, Social and Family History:

- Asks about both prescribed and over the counter medication + adherence
- Allergies and what happens during allergy
- Substance misuse
- Alcohol and Smoking history
- Occupation and hobbies → **elicits that the pain is interfering with work**
- Support at home/mobility
- Relevant Family History
- Sleep + exercise + diet

Ending consultation:

- Summaries and clarifies any points
- Thanks Patient
- Signposting

EXAMINER FOLLOW UP QUESTIONS:

1. What is your top differential diagnosis and why?
Adhesive Capsulitis – deep, progressive, constant, unilateral shoulder pain associated with reduced range of motion, precipitated by movement, and in the absence of symptoms suggestive of a rheumatological, malignant, or infectious cause. Additionally, the risk factors of T2DM and age are present.
2. What initial investigations would you order for this patient?
**Clinical diagnosis, but MRI can be done if uncertain about Dx
HbA1c + capillary glucose to check diabetes control**
3. What is your initial management plan?
**Reassurance, patient education and physiotherapy
Joint steroid injections if the symptoms do not improve with physiotherapy**
4. State one surgical intervention for persistent adhesive capsulitis
Joint manipulation under GA, surgical release of the joint capsule, arthrographic distension
5. What tests within a shoulder examination, if positive, may suggest that this patient is instead suffering from a torn rotator cuff?
**Jobe's test: weakness on resistance
Gerber's lift off: weak lifting of the hand unilaterally
Posterior cuff test: weakness on resistance**

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments: