

OSCE History Taking – Notes for Actor

Patient demographics:

You are Marcus, a 21-year-old male presenting to orthopaedics with back pain. When asked you will tell the doctor that you have had a back pain for quite some time and want to get it checked out.

Presenting Complaint: BACK PAIN

History of Presenting Complaint:

- **Site:** The pain is generalised around your lower back. If asked about radiation, state that it sometimes travels down to near your hips.
- **Quality:** Sometimes you feel a sharp pain, but more often that not it's a general ache. You also have some stiffness.
- **Intensity:** 6/10 at its worst, but usually a 3/10.
- **Timing:** Pain has been present for 7 months now. If asked about changes throughout the day, state that the pain and stiffness are always worse in the morning. The pain sometimes wakes you up in the night.
- **Aggravating:** Anytime you go to sleep, the pain always gets worse after you wake up.
- **Relieving:** Exercise and movement help to ease the pain. You have stopped taking OTC pain relief because you don't want the side effects of taking them long term.

Other symptoms (ONLY IF ASKED):

- You've had a red eye 2-3 times in the last 12 months but you don't think this is related at all to the back pain.

Negative history:

Deny the following symptoms IF ASKED: shortness of breath, skin changes, change in bowel habit, change in urinary habit, weight loss, night sweats, visual changes and neurological deficit, pain in other joints, no Achilles tendonitis, and no features of cauda equina syndrome

ICE

I: You feel that you have damaged your back from going to the gym too much.

C: You are worried that if this does not go away, it will affect your hobbies and studies because you must take time off from university.

E: You want a diagnosis and a quick solution to the pain. Surely some simple back pain can be easily managed.

PMH + Surgical History

- Broken arm 4 years ago after you had a biking accident. No trauma sustained to the back during the accident.
- You have never had anything like this before

Drug History

- You take OTC paracetamol and ibuprofen on and off, currently you are not taking any. Always sticks to the correct dosing regimen.
- No herbal remedies
- No Allergies

Family History

- Mother suffers from polymyalgia rheumatica

Social History

- You have never smoked
- You drink socially, a beer or two every few weeks.
- You have never used recreational drugs
- Occupation: engineering student
- Living arrangements: you live in student accommodation with your friends
- Vaccinations: you are up to date on all vaccinations
- Your hobbies include weightlifting and cycling, both of which are being affected by this back pain.
- You have a balanced diet, exercise regularly and get 8 hours of sleep per night.

Diagnosis: ANKYLOSING SPONDYLITIS

OSCE History Taking – Notes for Candidate

Role: Foundation Year 1 doctor in Orthopaedics Outpatients

Presenting complaint: Back Pain

This is Marcus, a 21-year-old white male presenting to orthopaedics with back 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 e.g. SQITARS
- Red flags features screened for:
 - trauma (fractures)
 - weight loss, night sweats, neurological deficit (motor and sensory) (malignancy)
 - fever (osteomyelitis/septic arthritis).
 - CAUDA EQUINA SYMPTOMS
- ICE
- Uses clear language and avoids jargon
- Elicits that back pain is worse in the morning, and accompanied by stiffness
- Enquires about radiation to the sacroiliac region

Systemic enquiry:

- Screens for relevant symptoms in other body systems, such as SOB, uveitis, Achilles tendonitis, and most importantly cauda equina syndrome through changes in faecal and urinary continence, perianal numbness, etc.

PMH/Surgical history

- Asks about any medical conditions and trauma
- Asks about relevant surgical procedures

Drug History, Social and Family History:

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

Ending consultation:

- Summaries and clarifies any points
- Thanks Patient
- Signposting

EXAMINER FOLLOW UP QUESTIONS:

1. What is your top differential diagnosis and why?
Ankylosing spondylitis – lower back pain radiating to the sacroiliac region, worse in the morning and associated with stiffness and intermittent anterior uveitis, 21 year old male with no history suggestive of an alternate diagnosis like trauma, osteomyelitis, cauda equina syndrome, or malignancy.
2. What initial investigations would you order for this patient?
X-rays of the pelvis and spine, looking for sacroiliitis and bamboo spine signs. Syndesmophytes, dagger sign and squaring of the vertebral bodies are also acceptable answers.
HLA-B27 genetic testing
FBC and CRP for elevated white cell count and inflammatory baseline
3. What is your initial management plan?
NSAIDs with regular physiotherapy for ankylosing spondylitis
4. Name two cardiac complications associated with ankylosing spondylitis
Aortic regurgitation, AV node block
5. What specific test in a spinal examination can be performed to support a diagnosis of ankylosing spondylitis?
Schober test
Also accept FABER test

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments: