

Differential Diagnosis Spot Diagnosis or Triage

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Note to Participants: There are interactive pop-up questions throughout this lecture. If you choose to pause the lecture and return at a later time, a natural break time would be after answering the interactive questions. (You are able to pause at any time and the presentation will "remember" where you were. It's just a more natural time to pause after the interactive questions.) For your convenience, this outline reflects where/when within the lecture the interactive questions occur.

This lecture has 104 slides and is 90 minutes in duration.

- I. What is a spot diagnosis or triage?
 - A. Definition
 - B. Red flags
 - 1. Definition
 - 2. Primary care physicians
 - C. Medical screening
 - 1. Definition
 - 2. Healthy subjects
 - 3. Examples
 - D. Differences between triage and screening
 - E. Essential findings
 - F. Poor tools
 - G. Who triages and where?
 - II. Should physical therapists triage?
 - A. Reasons why
 - B. Knowledge base
 - C. PTs compared to other practitioners
 - D. Evidence that PTs have triaged
 - E. Special training needed
 - III. Classifying red flags
 - A. Definition of red and yellow flags
 - B. Key outcome measures
 - C. Daker-White findings
- Interactive Questions – slide 28 @ 25 minutes
- D. Categories defined
 - E. Examples of each category
- IV. Triage for red flags of the upper quarter
 - A. Cervical spine
 - 1. Category I findings
 - a. Diagnostic recommendations for post-concussion disorder - DSM-IV
 - b. ICD-10 criteria
 - c. Canadian C-spine rules

Notes

- d. Modified sharp purser test
- e. Alar ligament stability test
- f. Shear test
- 2. Category II findings
 - a. Vertebrobasilar insufficiency
- 3. Category III findings
 - a. Myelopathy tests reliability
 - b. Hoffmann's test
 - c. Lhermitte's sign
 - d. Inverted supinator sign
 - e. Suprapatellar reflex test

Interactive Questions – slide 54 @ 49 minutes

- f. Babinski and Clonus
- B. Shoulder-elbow-wrist and hand
- C. Thoracic spine
 - 1. Category I findings
 - a. Viscerosomatic pain
 - b. Tumors and fractures
 - 2. Category II findings
 - a. Metabolic disorders (osteoporosis)
 - b. Long-term corticosteroid use
 - c. Age greater than 50
 - d. Spondylodiscitis
 - e. Compression fracture
 - f. Heel drop test/percussion (spondylodiscitis)
 - 3. Category III findings
 - a. Thoracic disc lesions
 - b. Spinal cord compression disorders
- V. Triage for red flags of the lower quarter
 - A. Lumbosacral joint
 - 1. Category I findings
 - a. AAA
 - b. Cauda equina dysfunction
 - c. Upper lumbar disc herniation in younger patients
 - d. Non-mechanical pain distribution
 - e. Progressive neurological deficit
 - f. Sacral fractures
 - g. Ruling out pelvic fractures
 - 2. Category II findings
 - a. Compression fractures
 - b. Pyogenic infections
 - c. Neurogenic vs. vascular
 - d. Non-traumatic, bilateral low back and SIJ pain

Interactive Questions – slide 74 @ 66 minutes

- 3. Category III findings
 - a. Myelopathy
 - b. Radiculopathy
 - c. Visceral or somatic referred pain

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- B. Hip
 - 1. Category I findings
 - a. Hip fracture
 - b. AVN
 - 2. Category II findings
 - a. Infection
 - b. Total hip replacement failure
 - C. Knee
 - 1. Ottawa knee rules
 - 2. Pittsburgh (knee) rules
 - 3. DVT
 - D. Ankle-foot
 - 1. Ottawa ankle rules

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Interactive Questions – slide 93 @ 81 minutes

- VI. Other considerations during triage
 - A. Ruling out pathologies or conditions outside our domain
 - B. Improvement with surgery
 - C. Non-mechanical pain
 - D. Beneficial for PTs

VII. Summary

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