Differential Diagnosis
Spot Diagnosis
or Triage
Chad Cook PT, Ph.D., M.B.A, FAAOMPT

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 103 slides and is 90 minutes in duration.

<table>
<thead>
<tr>
<th>What is a spot diagnosis or triage?</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Definition</td>
<td></td>
</tr>
<tr>
<td>B. Red flags</td>
<td></td>
</tr>
<tr>
<td>1. Definition</td>
<td></td>
</tr>
<tr>
<td>2. Primary care physicians</td>
<td></td>
</tr>
<tr>
<td>C. Medical screening</td>
<td></td>
</tr>
<tr>
<td>1. Definition</td>
<td></td>
</tr>
<tr>
<td>2. Healthy subjects</td>
<td></td>
</tr>
<tr>
<td>3. Examples</td>
<td></td>
</tr>
<tr>
<td>D. Differences between triage and screening</td>
<td></td>
</tr>
<tr>
<td>E. Essential findings</td>
<td></td>
</tr>
<tr>
<td>F. Poor tools</td>
<td></td>
</tr>
<tr>
<td>G. Who triages and where?</td>
<td></td>
</tr>
</tbody>
</table>

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 29 @ 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

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

f. Babinski and Clonus

Interactive Questions – slide 56 @ 51 minutes

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 75 @ 66 minutes
3. Category III findings
   a. Myelopathy
   b. Radiculopathy
   c. Visceral or somatic referred pain

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

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

Interactive Questions – slide 99 @ 105 minutes

VII. Summary