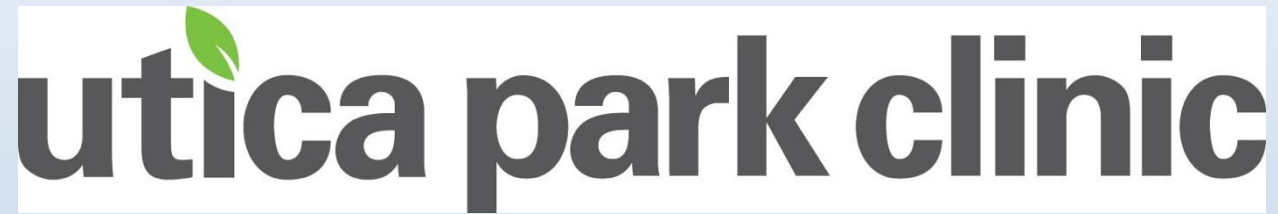




Orthopedics for the Internist



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Objectives

- Recognize common orthopedic complaints
- Improve MSK history taking
- Improve physical exam skills
- Know when imaging or referral is needed

Why MSK Matters

- >124 million adults in the U.S. affected
- Leading cause of disability
- Common reason for both ED and clinic visits

MSK Evaluation Framework

- History
- Physical exam
- Appropriate imaging
- Initial management

History: Key Questions

- Acute vs chronic
- Traumatic vs atraumatic
- Mechanism of injury
- Functional limitations

Physical Examination

- Observation
- Palpation
- Range of motion
- Strength testing

Imaging Principles

- Start with plain radiographs
- Weight-bearing when appropriate
- MRI only if clinically indicated



Shoulder Pain Overview

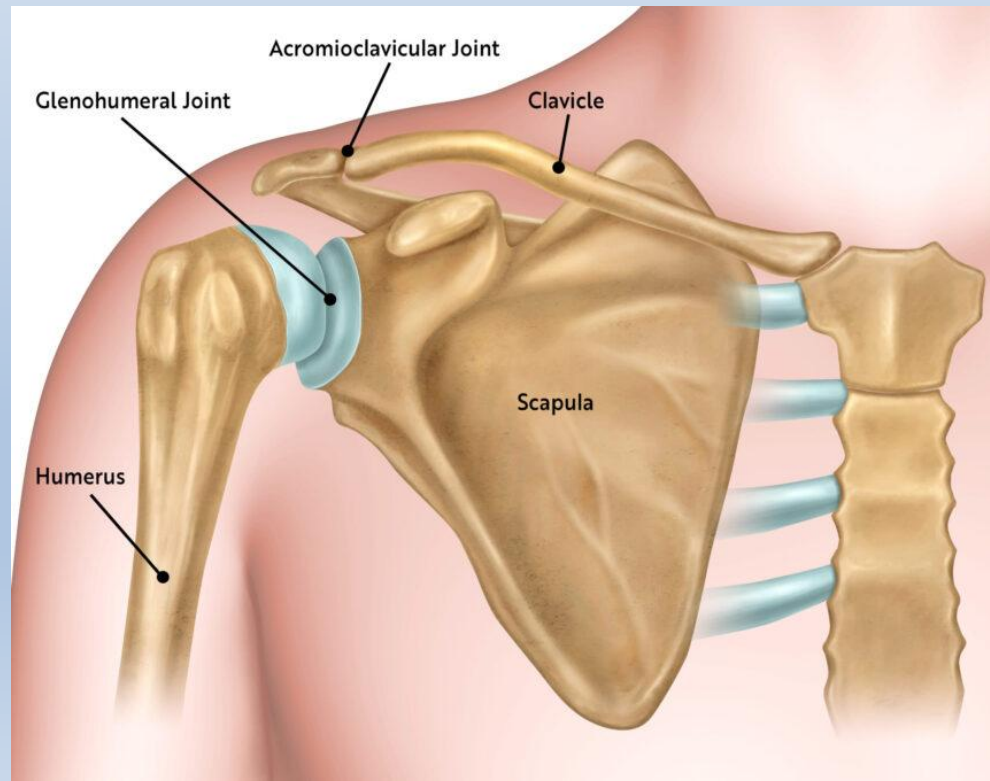
- Common complaint
- Often overuse related
- History important: Acute vs Chronic
- Rotator cuff pathology common

Shoulder DDX

- OA
- Impingement
- RTC tear/ Tendonitis
- Adhesive capsulitis
- Biceps tendonitis
- Fractures
- (cervical spine issues)

Shoulder Anatomy

- Glenohumeral joint
- Rotator cuff muscles
- Scapular stabilizers

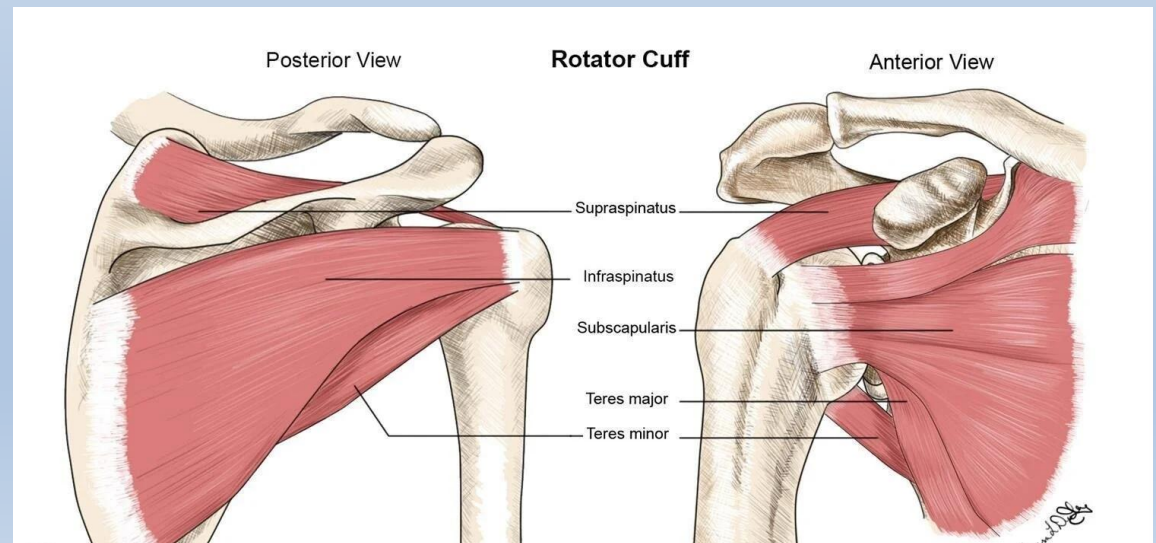


Shoulder Impingement

- Most common cause for orthopedic shoulder pain office visit!
- Pain sleeping on affected shoulder
- Pain with overhead activity
- Atraumatic (usually)
- Pain radiates to hand (pseudo radiculopathy)
- “Numbness”

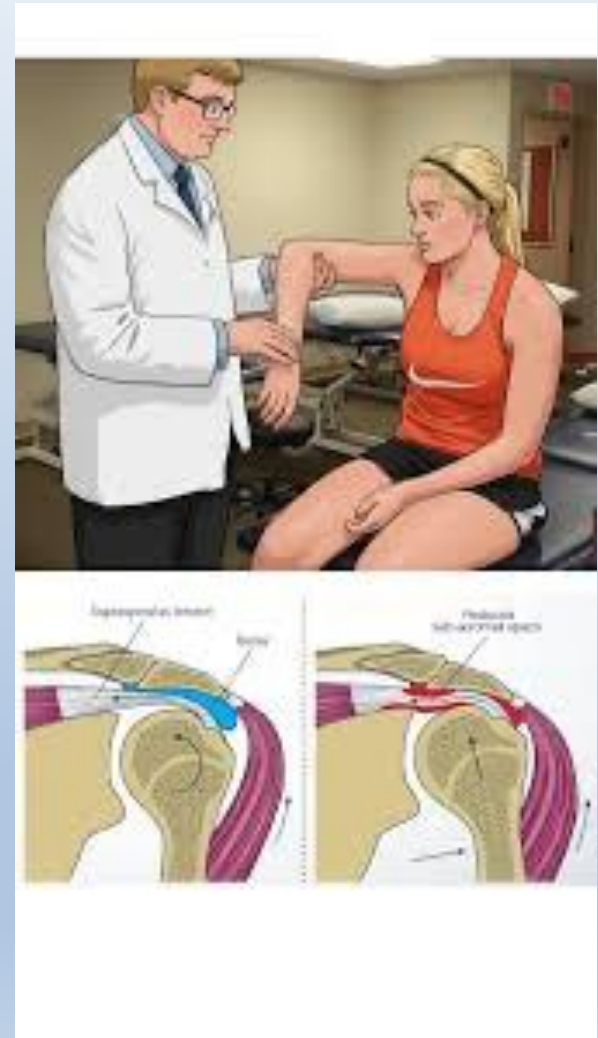
Rotator Cuff Injuries

- Weakness
- Overhead activity pain
- Pain with lifting arm
- Night pain common



Shoulder Exam

- OBSERVE!!
 - ROM, Deformity, atrophy
- Palpate
- Strength testing (RTC)
- Impingement tests
 - Hawkins test
 - Neer test

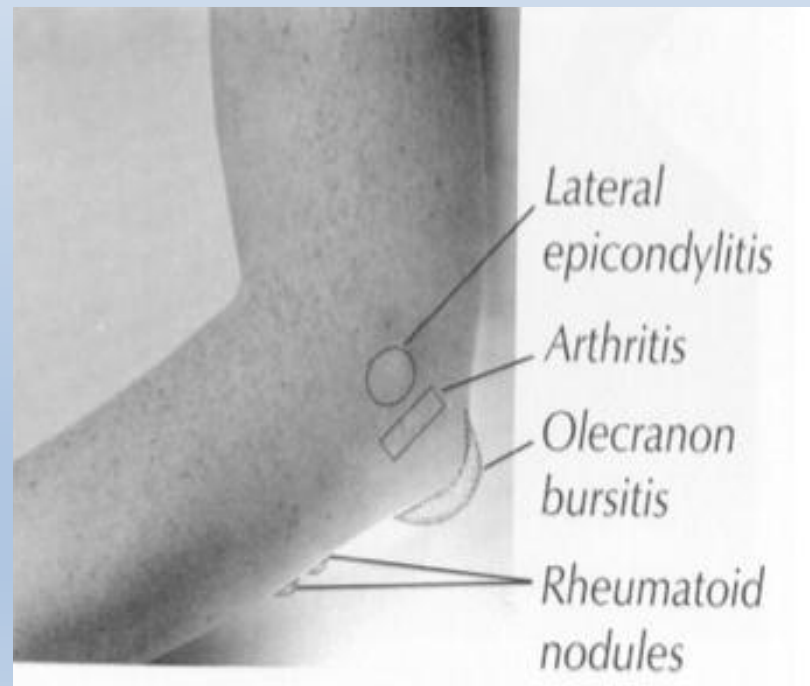


Treatment of shoulder pain

- NSAIDS
- Injections (steroid)
- Physical therapy
- Referral
- Goals:
 - Control pain
 - Improve function
 - Enhance quality of life

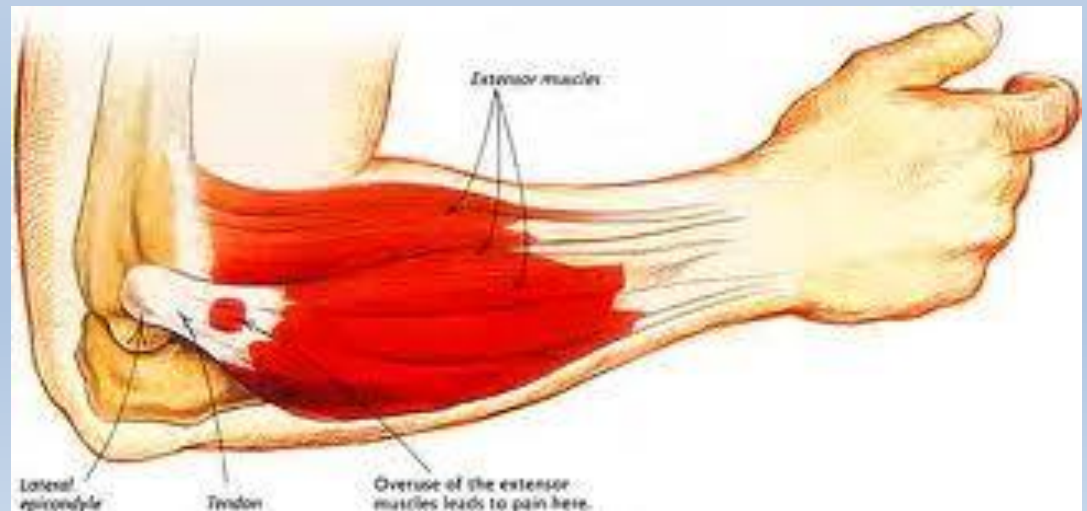
Elbow Pain Overview

- Traumatic
- Infectious
- Repetitive stress
- Medical/ systemic
- Dominant arm affected



Lateral Epicondylitis

- #1 Elbow affliction
- Men>Women
- Pain over lateral epicondyle
- Worse with gripping
- Gradual onset



Epicondylitis Treatment

- Activity modification
 - Bracing (wrist brace & counterforce)
 - NSAIDs
 - Physical therapy
- *** 75-90% success with NON operative management

Olecranon Bursitis

- **Fluctuant mass over olecranon (point of elbow)**
- May result from repetitive or acute trauma
- May become infected (red, tender, swelling in arm)
- Treatment:
 - Avoid irritation
 - Compression
 - Antibiotics if infected
 - Aspiration may be helpful

Hip Pain Overview

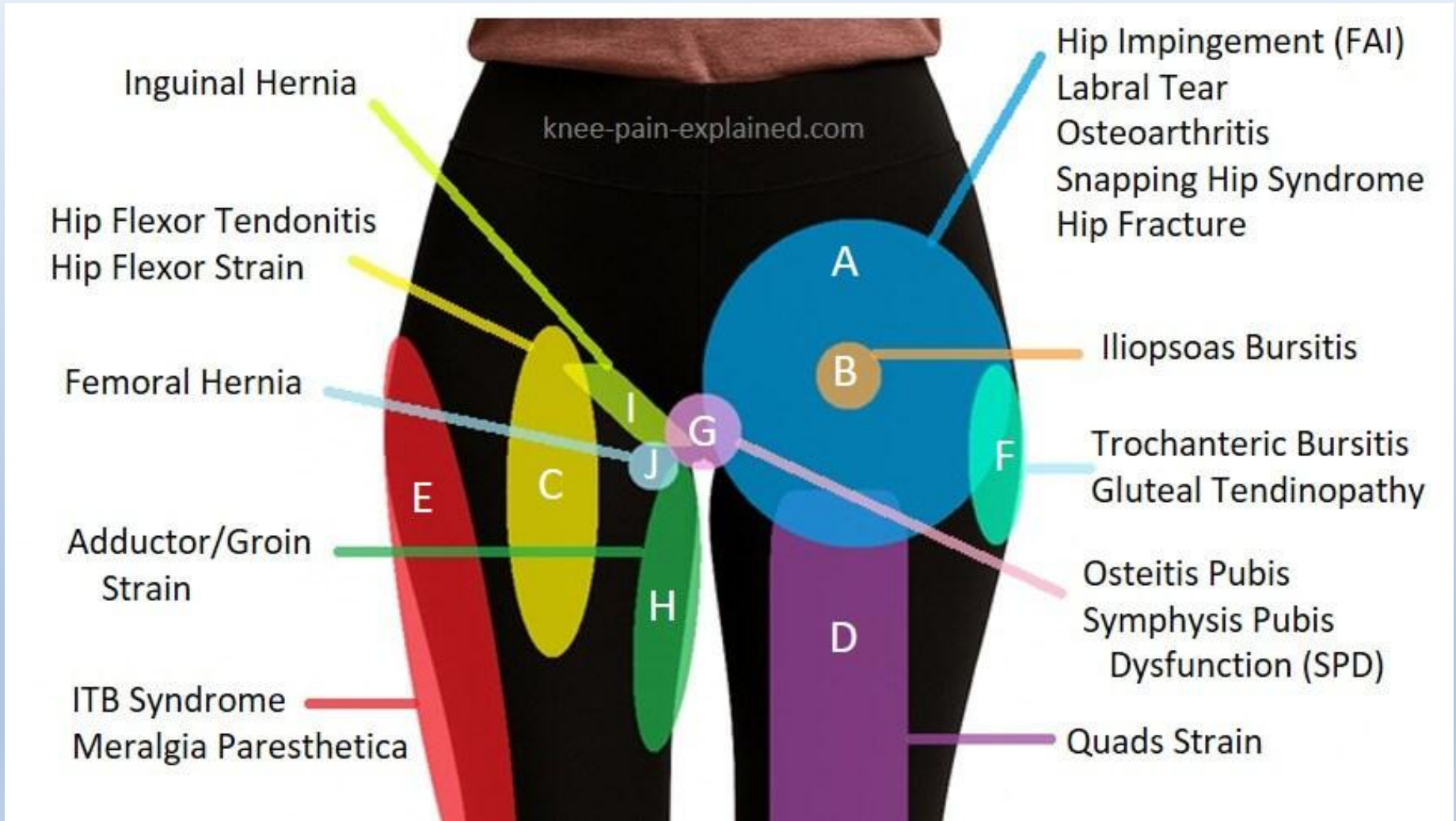
- Common in older adults
- Multiple potential sources
- Must rule out fracture



Hip DDX

- Acute / Traumatic
 - Fracture, Contusion, Bursitis
- Exercise/ Repetitive/ Overuse
 - OA
 - Bursitis
 - Tendonitis
 - Stress fracture
 - Impingement

Hip Pain Location



Greater Trochanteric Pain Syndrome

- Lateral hip pain
- Usually atraumatic
- Pain lying on affected side
- Common in women
- Usually secondary issue

***High association with lumbar spine pathology

Hip Osteoarthritis

- Progressive degeneration
- Pain with activity (groin)
- Loss of ROM



Figure 1



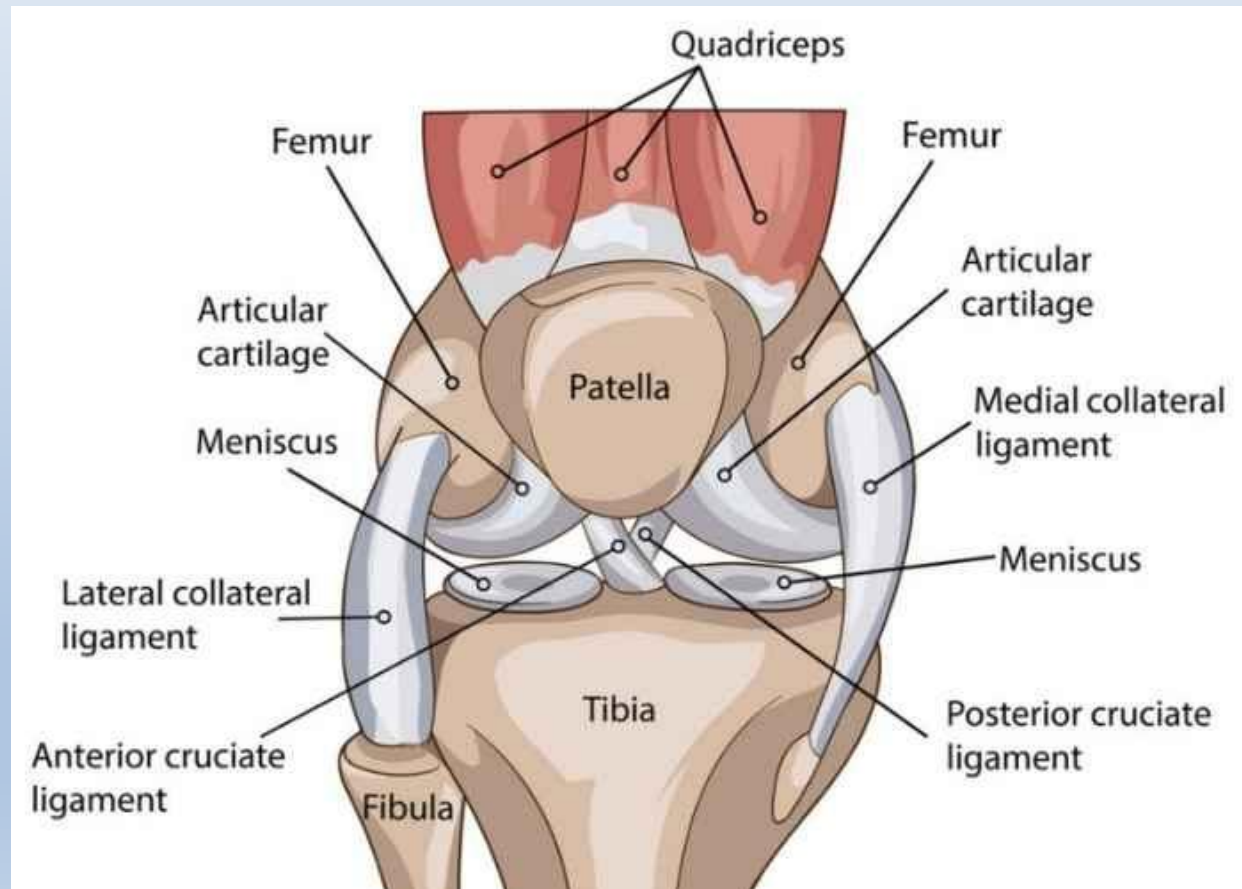
Figure 2

Knee Pain Overview

- Traumatic and degenerative causes
- Common in athletes, workers, young and elderly
- Incidence in adult population is > 50%
- DDX:
OA, PF pain, Meniscus pathology, Bursitis,
Ligamentous injury, Infectious

Knee Anatomy

- Femur
- Tibia
- Patella
- Meniscus



Patellofemoral Pain

- MOST common problem in sports medicine office
 - Anterior knee pain
 - Women >>> Men
 - Worse with stairs/ squats/ hills
 - Theater sign
 - Weight affects heavily
- ***Usually NON operative

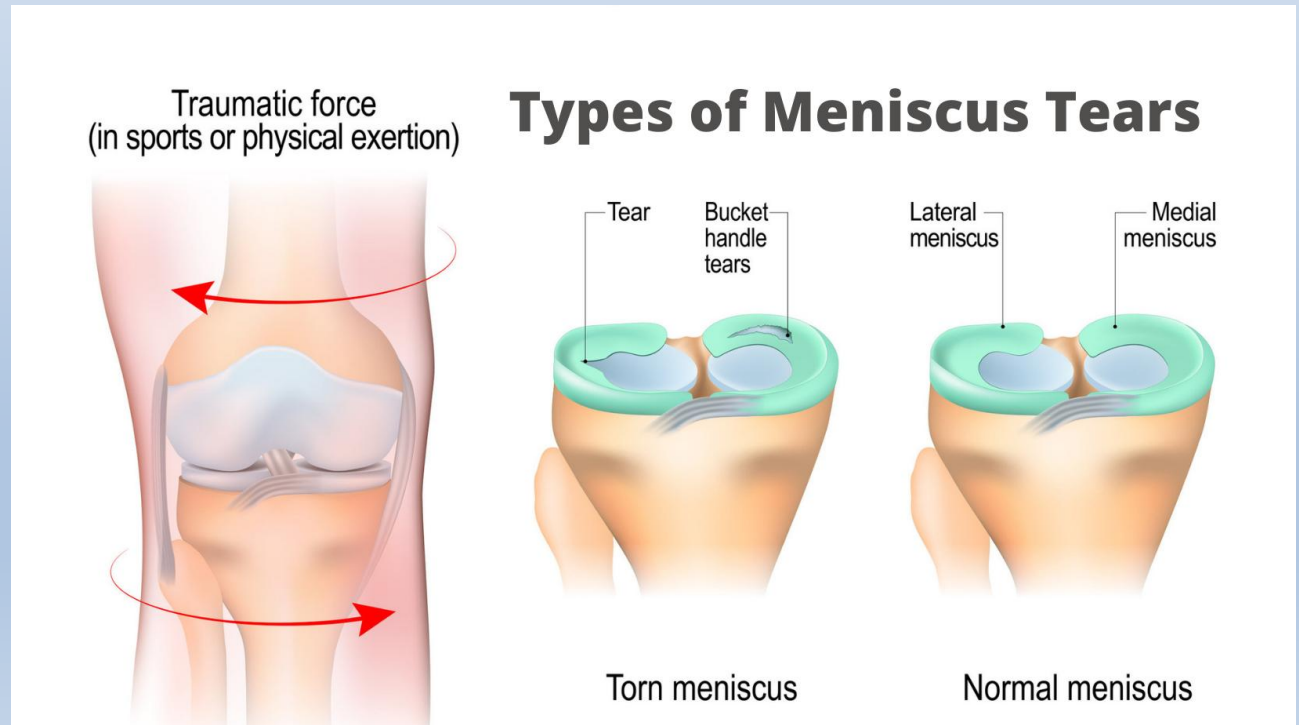
Knee OA

- Stiffness
- Joint space loss
- Reduced ROM/function



Meniscus Tears

- Twisting injury
- Locking or catching
- Effusion



Knee Treatments

- NSAIDS
- Injections
- PT
- Weight Loss
- Surgery



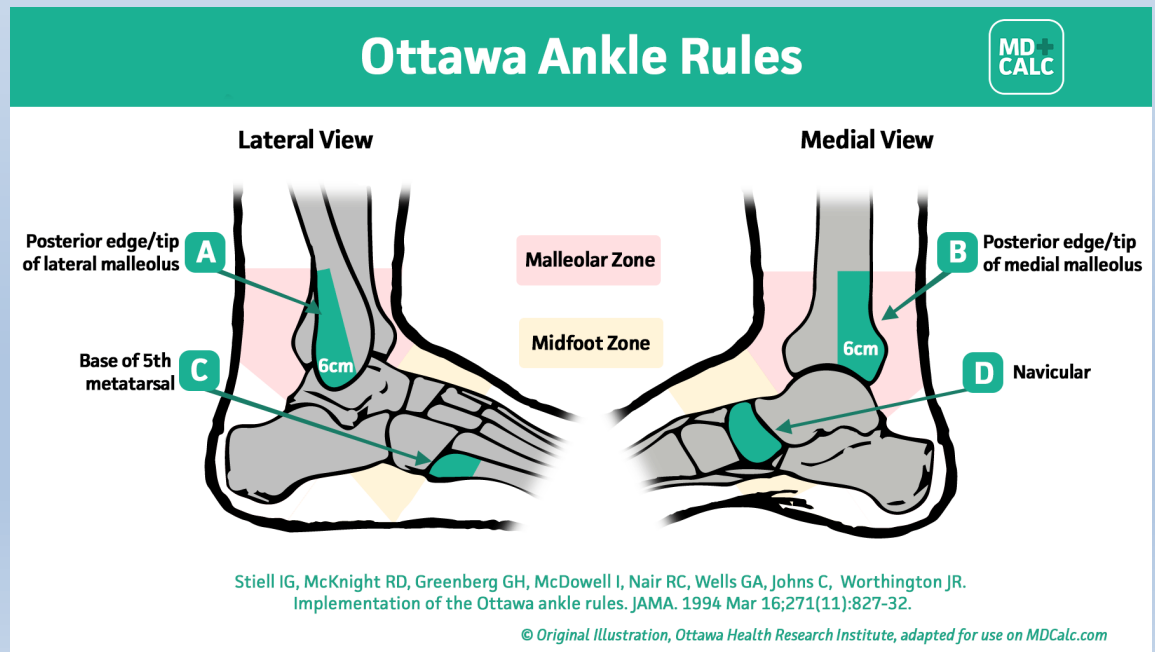
Ankle Injuries

- Fractures
- Sprains
- Gout



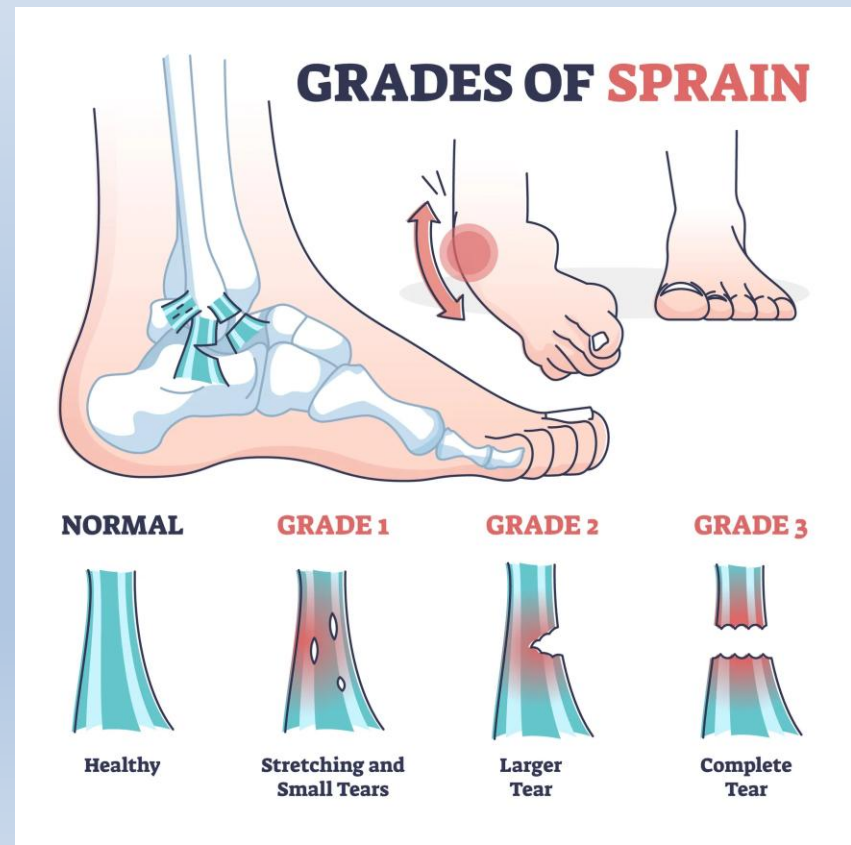
Ankle Exam

- Assess swelling
- Palpate ligaments
- Check stability
- WB?



Ankle Sprains

- Most common sports injury
- Usually inversion mechanism
- Graded I–III



Foot Pain

- Acute or Chronic
- Fractures vs OA
- Overuse
- Common in runners and walkers
- Often plantar fasciitis

Plantar Fasciitis

- Heel pain
- Worst with first steps
- Associated with tight Achilles



Plantar Fasciitis Treatment

- Stretching
- Ice
- Orthotics
- Night splints



When to Refer??

- Persistent pain
- Functional limitations
- Concern for fracture or tear

- **FRACTURES = REFERRAL**

Key Takeaways

- MSK complaints are very common
- History and exam guide diagnosis
- Most conditions improve with conservative care
- Know when to refer

THANK YOU!

