

Top Tips for Clinical Assessment

1. The history and examination are key to guiding further management including investigations and their interpretation. Open probing questions are needed about what has been noticed and what are the concerns. Be aware of non-verbal clues or indicators of discomfort. Consider any suggestion of 'red flag' conditions (malignancy, infection, multi-system illness). Consider Tuberculosis and increased risk with immunosuppression including Human Immunodeficiency Virus. Enquire about recent preceding illness to suggest reactive arthritis or acute rheumatic fever. Consider travel history and be aware of key infections in endemic areas.
2. Ask about history of injury. Remember that minor trauma is common and may be a 'red herring'; children with joint and muscle pathology may fall more often. Consider non-accidental injury.
3. Be aware of normal major motor milestones and normal development in childhood. Enquire about development – has there been any regression or is there delay?
4. Difficulties at school, within the family or in peer groups may be relevant especially in the child with pain with no apparent pathology or disproportionate functional changes or pain experiences.
5. The findings of pGALS and pREMS need to be interpreted within the clinical context. Examination of other systems is often indicated e.g. skin, cardiovascular, neurological, development, abdominal, and vital signs. Have a look at the resources (pGALS app, video demonstrations of pGALS and pREMS).
6. For children with chronic conditions it is important to assess growth and pubertal stage.
7. Hypermobility is common and is not always symptomatic.
8. Normal variants are common but do not usually cause pain, swelling or functional limitations.
9. Growing pains do exist but need careful consideration so as not to miss pathology.
10. Children are different to adults. It is important to be aware of key differences in musculoskeletal pathology across the ages and how this impacts on clinical assessment.

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