The authors and reviewers have made every attempt to ensure the information in the Family Medicine Clinical Cards is correct - it is possible that errors may exist. Accordingly, the source references or other authorities should be consulted to aid in determining the assessment and management plan of patients. The Cards are not meant to replace customized patient assessment nor clinical judgment. They are meant to highlight key considerations in particular clinical scenarios, largely informed by relevant guidelines in effect at the time of publication. The authors cannot assume any liability for patient outcomes when these cards are used.

Canadian Family Medicine Clinical Card 2015 A22 www.cfpc.ca/sharcfm Joint Pain 3: Lower Limb

	Hx Clues	Physical Exam	Top DDx
o Pain	Lateral sided hip	Pain on palpation of greater	Trochanteric Bursitis
	pain, esp. when lying	trochanter	
	on side. ♀>♂		
	Activity related groin	Flexion/adduction/IR = pain	Femoroacetabular
	& hip pain. Worse	Decreased ROM	impingement
	with flexion/sitting		
Ξ	Children 4-8y; ♂>♀;	±mild limp; ROM - restricted	Legg-Calve-Perthes
	Insidious onset	aBduction & IR 1st affected	
	Children <6y	Limp \pm refusal to weight bear	Transient Synovitis
	ਰਾੋ>♀;10-17y,↑BMI	Limp; limited ROM; ±weight bear;	Slipped Capital
		± knee pain	Femoral Epiphysis

	Hx Clues	Physical Exam	Top DDx
	Acute: plant & twist	Joint line tenderness; \pm effusion;	Acute/
	mechanism of injury	±locking & clicking (+)McMurray's test;	Degenerative
	Degen.: Older patient	(+) Thessaly test	Meniscal Tear
	Teens/young adults;	Tender patella;(+) patellar friction test;	Patellofemoral
	runner; pain with		syndrome
	↑sitting		
	Valgus, external	(+) Lachman > (+) Anterior drawer;	ACL tear
	rotation, pop, swelling	swollen; may also be findings suggestive	
Pain	right away; ♀>♂	of MCL or meniscal involvement	
		Superior patellar pole tender (quad)	Patellar/quad
e e	activity (e.g. jumping)	Inferior patella pole tender (patellar)	tendonitis
Knee	Adolescence; worse	Prominence & tenderness of tibial	Osgood-
1	after activity;	tuberosity; often bilateral	Schlatter's
	Acute/cumulative	Swelling over extensor aspect	Prepatellar
	trauma; ++kneeling	No pain on passive ROM (\pm full flexion)	bursitis
	Medial pain; ♀>♂;	Severe point tenderness at anserine	Pes anserine
	long distance runners	tendon insertion site	bursitis
	Hx instability; gradual	Possible ↑Q-Angle or leg length	Patellar
	onset	discrepancy; observed maltracking	maltracking
	Lateral knee pain;	Tenderness to palpation over iliotibial	IT Band
	runner/cyclist	band	Syndrome

oot Pain	Hx Clues	Physical Exam	Top DDx
	Inferior heel pain; activity with lots of	Tender along plantar fascia	Plantar
	standing; more severe in morning;	insertion (bottom medial	fasciitis
	often recent Δ in activity/footwear	side of heel)	
	Heel pain in physically active	Pain, tenderness and	Achilles
	individuals; more severe in morning	swelling at tendon site	tendonitis

General Management Principles

①Rest ②lce ③Activity modification ④PT/Strength building/Stretching ⑤Analgesics/NSAIDs (if indicated) ⑥Steroid injection (if refractory & indicated) ⑦Aspirate & assess fluid when suspicious for septic joint/bursa ⑧X-ray may be warranted - especially in child with limp ⑨ Surgery - depends on situation

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