Principles of Differential Screening

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ABSTRACT

Physical therapists are evolving into primary care practice with more states having direct access across the United States, emergency department physical therapy practice increasing, diagnostic imaging expanding, and content regarding differential diagnosis increasing on the National Physical Therapy Examination. Understanding differential diagnosis is paramount to our success as a profession. This monograph discusses the principles of differential screening and capitalizes on the potential for our profession to move toward primary care practice. This monograph presents 3 patient cases that demonstrate the use of the principles of differential screening. The first case illustrates the use of VINDICATE in a 68-year-old female with lumbar flexion mobility and movement coordination deficits. The second case describes a 58-year-old male with bilateral shoulder pain. The third case details a 49-year-old female nurse presenting with left shoulder pain she had developed about 6 months prior and had gradually gotten severe over the past 2 months.

Key Words: differential diagnosis, red flags, VINDICATE

LEARNING OBJECTIVES

Upon completion of this monograph, the course participant will be able to:

1. Discuss the history of direct access and how this influences the importance of differential diagnosis content and understanding.
2. Identify the important factors to screen for in the review of systems.
3. Discuss the importance of red flags and be able to state the pros and cons of using red flags for identifying systemic conditions.
4. Discuss the use of VINDICATE to facilitate ideal history-taking during the patient examination.

INTRODUCTION

In April 2010, a white paper was published that was the end product of a joint effort by the APTA and the Federation of State Boards of Physical Therapy. This paper was entitled "Continuing Competence in Physical Therapy: An Ongoing Discussion."[1] In this paper, both groups highlighted the importance of continuing competence. The APTA in multiple ways has moved toward our Vision which is to transform society by optimizing movement to improve the human experience. In this white paper, the authors quote a 2007 study by AARP and Citizens Advocacy Center that provided insight to what the public thinks about continuing competency and health care. In this study, more than 95% of respondents felt that health care providers should be required to show they have up-to-date knowledge and skills to provide quality care as a condition of retaining their license. Ninety percent of respondents felt that it is important, at the very least for health care professionals to periodically be re-evaluated to show they are currently competent to practice safely. We will not be debating the need for continuing competence in this monograph but the authors will assume that those that are reading this monograph see the need to stay current and the importance in differential diagnosis!

The authors of the white paper note that the next step is to consider the factors that are evolving in physical therapy that influence the need for continuing competence. The authors of this manuscript feel that as physical therapists become more involved as primary care clinicians and our skills to differentially diagnose improve, then physical therapists truly will be able to improve the human experience and thus transform society.

In the primary care setting, the literature suggests that 15% to 30% of all primary care visits involve orthopaedics.[2,3] As orthopaedic physical therapists that are moving toward primary care in a direct access environment, we are also faced with understanding systemic causes that masquerade as musculoskeletal disorders. Thus, differential diagnosis in orthopaedics is pivotal to our success. When a health care professional thinks of the term *differential diagnosis*, one may think of many different items. Differential diagnosis in terms of referral to another health care professional or differentiating between conditions that are outside of our scope of practice, or to another physical therapist with more experience, in an area of practice such as women's health.

We will divide up differential diagnosis into two sections within this Screening for Orthopaedics series. In this series, the authors will cover the principles of differential screening in this monograph, and then split the other two monographs into differential diagnosis of the upper extremity and differential diagnosis of the lower extremity. In these two monographs a systems approach will be used in which the therapist will evaluate all systems to determine if the therapist treats, treats and refers the patient, or refers the patient. The extremity monographs will also consider differentiating the most common orthopaedic conditions moving from proximal to distal. This comprehensive approach will focus on systems in considering orthopaedic conditions and represents a unique effort.