

# Subjective Assessment

Getting what you want to know  
and directing the Objective  
Assessment

## Learning Objectives

- Look at the Subjective Assessment
- Identify the component parts
- Address each part in turn
- Plan a Subjective Assessment
- Prepare for Friday's lab session

## If you do not know what you are going to treat...

...how can you expect to be  
effective with your treatment?

## Role of Questioning in the S/E

- to gain information from the questions asked
- to gain information from how the question was answered
- to allow the patient to gain confidence in you

## Problem with Questioning

- Language:- what is asked may not be the same as what is heard
- Answering with what is expected and not the truth
- Too many questions may be asked before answers are given
- Restating questions does not lead to understanding but rephrasing them may

## Our Responsibility

The patient is a person who needs our skills.

They do not speak our 'medical' language so it is our responsibility to speak theirs.

Speak slowly, ask precise short questions, one at a time and listen to the answers, however they come - verbal or non-verbal.

## Divisions of the S/E

- Nature and Kind of Disorder
- History (Present and Past)
- Site of Symptoms
- Behavior of Symptoms
- Special Questions
- HEAR/ SEE/ FEEL

## Kind of Disorder

- Ascertaining the main problem from the patient's point of view
- "What can you do?" "What would you like to do?"
- May include: pain, stiffness, giving way, tingling, irritability, weakness or loss of function



## History

- Can be taken at any time during the S/E or can be gained in segments
- Symptoms may dictate the questions for the history

## History - Present

- "What happened?", "When did it happen?", "How many times has it happened?", "When was the last episode?"
- Precipitating factors – dates and details
- Predisposing factors
- Progression – better or worse

## History - Past

- Previous treatment and its effects
- Previous bouts – duration and frequency
- Extent of recovery
- Progression over time
- Related disorders

**DO NOT ASSUME!**

**CLARIFY**

**ASS - U - ME**

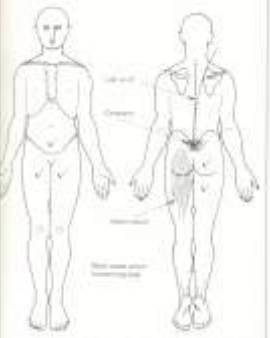
### Site of Symptoms

- Need to clarify the specific location of each symptom – pain, tingling, stiffness
- Need to identify the depth, nature and behavior of the symptoms
- Record findings on a body chart

### Site of Symptoms

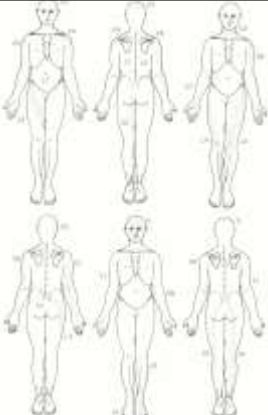
- Area and depth of referred pain may be referred via dermatomes, myotomes or sclerotomes
- Identify original area of onset and direction of spread of symptoms
- Clear adjacent areas and structures

### Normal Body Chart



- Anterior and posterior views of a body allowing enough space to mark sites of symptoms
- Variation in shadings used to differentiate between symptoms

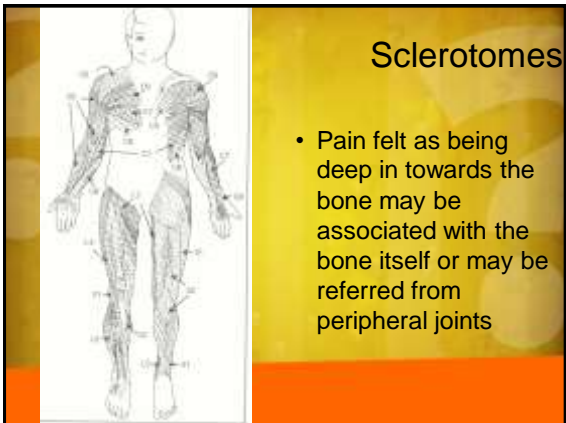
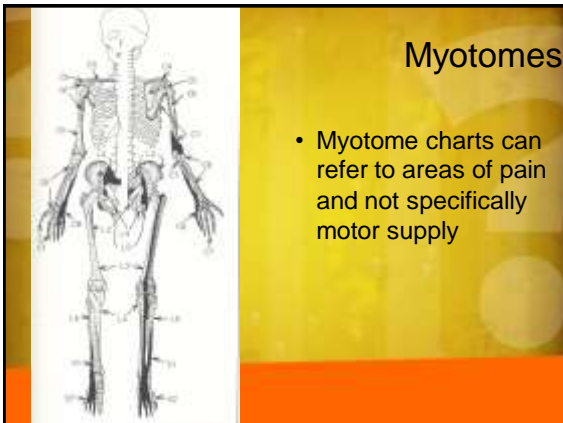
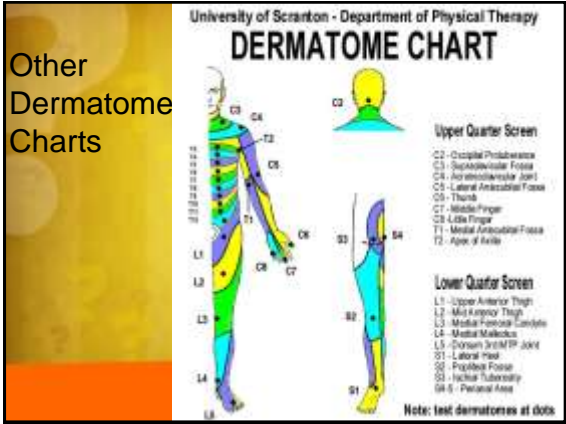
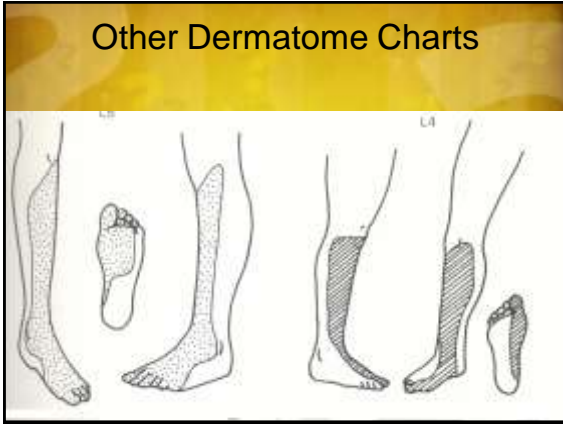
### Dermatomes



- Areas of referred pain found in most patients with nerve root involvement

### Other Dermatome Charts





### Behavior of Symptoms

- Changes in symptoms related to activity, positioning, periods of short or long rest (i.e. through the night)
- Need to differentiate the local pain from the referred pain
- Question elicited findings against which future progress may be evaluated

### Behavior of Symptoms

- **Pain:**
  - Aggravated by
  - Eased by
  - 24 hour variation
  - Night disturbance
  - Constant/Intermittent
  - Visual analogue scale
- **Various movements:**
  - Walking
  - Sitting
  - Standing
  - Lying down
  - Bending
  - Stooping
  - Twisting

## Irritability

- Determine an activity that provokes pain, knowing the severity of the activity
- Know the degree and quality of the increased symptoms caused by that activity
- Know how long it takes for that increase in symptoms to subside to previous levels

## Special Questions

- Questions that **MUST** be asked to assess any inherent dangers for manipulation
- Region specific
- General health – red flags, contraindications, precautions
- Cauda equina, cord compression

## Special Questions

- Vertebro-basilar artery insufficiency
- Osteoporosis
- Imagery and other tests
- Diagnosis and other explanations

## Design a Subjective Examination

- After lunch we will design a subjective examination tool to help in evaluating orthopedic conditions.
- Think about what information you want to discover and what questions will allow you to get that information.

## Questioning Your Patient

How to get the info you want and get it quickly

## Questioning Techniques

- Use the patient's language
- Use non-biased and non leading questions
- Ensure your questions are sincerely stated
- Where possible get one word answers
- If needs be use comparative questions
- Make sure the questions are clearly phrased



## Questioning Techniques

- Questions should be detailed based upon the hypothesis tested
- Questions should confirm hypothesis, repeat conclusions
- Occasionally ask open ended questions
- Secure and record spontaneous comments

## Get the Patient's Point of View

- "As far as YOU are concerned .. what do YOU feel ... is YOUR MAIN PROBLEM?"
- To clarify areas of symptoms – gently palpate and confirm location, spread and depth
- Quantify severity and frequency
- Behavior over a 24 hour period
- Clarify 'CONSTANT'

## Present History

- If there was an identifiable injury incident – clarify severity and injuring action
- If no incident – provide suggestions for possible causes to trigger memories
- Completely clear PAST history or get significant details of previous bouts

## Identification of Symptoms

- Ask 'Where?'
- Details of range/pain behavior
- Mild, moderate, severe?
- Same as your .....?
- If in doubt, ask the patient, assume nothing

## During Treatment Sessions

- Encourage limited, accurate, open ended, essential feedback
- Patients opinion first in reference to change
- Question patient when you FEEL changes in resistance

## How do the findings of your S/E direct your Objective Assessment?

## Structuring Your Approach

The HOAC II Model of Assessment

## Hypothesis Orientated Algorithm for Clinicians II

- Systematic model for the evaluation of any patient.
- Types of problems:
  - Existing
  - Anticipated
- Viewpoints of problems:
  - Therapist's
  - Patient's

## Key Components

- Basic Data
- Non-patient Identified Problem
- Patient Identified Problems
- Hypothesis generation
- Refinement of problem list
- Plan treatment
- Re-assess treatment outcomes
- Revise treatment

[HOAC II Article](#)

## Find Out Next Time



**Any Questions?**