Taking a good history is vital in making a correct diagnosis. A clear history can often give many clues to diagnosis long before you have examined the patient or ordered any tests. It is important to establish a rapport and make the patient feel at ease: patients will find it easier to share information if they feel comfortable.

**Symptom onset**
- Date and time of symptom onset.
- Speed of onset: was it acute or insidious?
- Presence of precipitating and relieving factors such as trauma, other illnesses, medication use, etc.

**Pain, swelling and stiffness**
It is important to establish the following points:
- Site and radiation.
- Character, e.g., whether it is sharp or dull.
- Periodicity: is it continuous or intermittent?
- Exacerbating and relieving factors.
- Timing: is it worse at any particular time of day?

As a rule, pain and stiffness due to inflammatory conditions such as rheumatoid arthritis are worse first thing in the morning and improve as the day progresses. The duration of early morning stiffness (minutes–to–hours) is a good guide to the severity of the inflammation. By contrast, pain due to mechanical or degenerative problems tends to be worse later in the day, is associated with less severe stiffness and is worse with activity.

**Warmth/erythema**
Inflamed joints may appear red and feel warm to touch.

**Deformity**
Some patients consult their doctor because they have developed deformity and are concerned. These often occur in patterns associated with specific conditions. This may or may not be associated with pain.

**Weakness**
It is important to ascertain whether any weakness is localized or generalized. Localized weakness suggests a focal problem, such as a peripheral nerve lesion, whereas generalized weakness is more likely to have a systemic cause.

**Fatigue**
Many inflammatory conditions are associated with varying degrees of patient fatigue; this may even be the reason for the patient consulting a doctor in the first place.
Numbness
The distribution of numbness or paraesthesia should be documented, as well as any precipitating factors. For example, if the numbness affects the radial 3.5 fingers and is worse at night, it is probably due to carpal tunnel syndrome. If it affects all the digits, is associated with skin colour changes and is provoked by cold weather, Raynaud phenomenon is more likely.

Functional loss and disability
Loss of function refers to a person’s inability to perform an action, such as gripping an object or walking. This is often why a person goes to see their doctor. Disability is a measure of the impact that loss of function has on a patient’s ability to lead a full and active life.

DRUG HISTORY
A patient’s drug history is always important and sometimes has great relevance to orthopaedic and rheumatological problems. Acute gout can be precipitated by diuretic use and long-term corticosteroids can cause osteoporosis.

SOCIAL HISTORY
Record relevant information about the patient’s occupation, their domestic situation, degree of independence, smoking history and alcohol intake. Ask about drugs and sexual history if appropriate. Record the patient’s dominant hand.

FAMILY HISTORY
Ask about any family history of musculoskeletal disorders.

SYSTEMIC ENQUIRY
This should be brief but include other symptoms affecting other parts of the body. This is particularly relevant if you think the patient has a connective tissue disease.

MEDICAL HISTORY
Ask about all current and past medical and surgical disorders, including musculoskeletal problems. In certain situations it is worth asking about specific illnesses. For example, a patient with carpal tunnel syndrome may have underlying diabetes or hypothyroidism.

HINTS AND TIPS
Always record a patient’s functional level in the notes. It is a good marker of progress. Patient assessment questionnaires such as the Health Assessment Questionnaire Disability Index (HAQ-DI) are often used in patients with rheumatoid arthritis. Any restrictions that a patient’s disease has on activities of daily living should be documented.

Chapter Summary
- An accurate history is vital to arriving at a correct and sensible differential diagnosis.
- Use open and closed questions to investigate a presenting complaint.
- Remember to ask about pain, swelling and stiffness: these often help to differentiate between mechanical and inflammatory causes.
- Functional questionnaires (such as HAQ-DI) help to quantify the functional impact of a patient’s complaint on their activities of daily living.