Vancouver Coastal Health
Promoting wellness. Ensuring care.
Mary Pack Arthritis Program

Occupational Therapy Initial Assessment Guidelines

Client and Family Goals

- Client's current concerns/problems.
- Client's expectations and goals of treatment.

Relevant Medical History

- Diagnosis, date of diagnosis, date of onset, pattern of disease, hospital admissions (surgery, rehabilitation, and trauma) related surgery, previous therapy.
- Other medical conditions.
- If not covered in History Form: Current arthritis medication (compliance, side effects). Previous arthritis medication, non-arthritis medication, non-pharma supplements, herbs etc.

Stiffness

- AM or post activity. Note duration of stiffness, AM stiffness is an indicator of disease activity. Duration of AM stiffness > 30mins is significant.

Fatigue

- Note severity of fatigue and impact on function.

Sleep Patterns

- Quality of sleep (awakens refreshed/tire), sleep/rest patterns, sleep issues. Excessive fatigue can be an indicator of disease activity.

Communication

- Languages spoken/understood.

Environment

Socio-Cultural & Spiritual

- Living situation, social/family support, family responsibilities, support services, employment. Social network, spiritual practices.

Physical

- Home accessibility, rents/owns, home modifications.

Community Supports

- 3rd party funding (MSD, FNIHB, private insurance, other.)

Current Functional Status/Occupational Performance

Interview the client using these questions: Do you need to do..... Do you want to do.... Are you expected to do..... Can you do..... Do you do..... Are you satisfied with the way you do.....

Basic ADLs	• Includes personal care (dressing, bathing, toileting, feeding/swallowing, intimacy, sleep, communication.)
Functional Mobility	• Includes transfers, walking, standing, stair climbing, driving and use of public transport, fall risk.
IADLs	• Household management (indoor and outdoor), meal preparation, shopping, community access, money management, use of technology, medication management.
Wellness/illness Management	• Coping strategies for symptom management e.g. ice, contrast, heat, compression, splints in use, past splints used, exercise (general and specific), relaxation, meditation, breathing, pacing, Frequency of use, effectiveness. Other treatment tried in the past. Attendance to education classes.
Productivity	• Employment, volunteering, education, childcare, workplace ergonomics/accessibility.
Leisure	• Includes quiet recreation (reading, TV, etc.), active recreation, travel and socialization (visiting etc.)

Current Components Affecting Occupational Performance (Physical, Cognitive, Affective)

Affective: Mood, Behaviour, Coping, Stress

Physical:

Joint Count – Using the joint man diagrams, mark an "**X**" on joints that are active (i.e. inflamed) or damaged.

In all joints, check for:

1. **Signs of Synovitis**

    - heat (i.e. warmer than adjacent non-articular areas)
    - effusion
    - tenderness to palpation over joint line
    - stress pain (i.e. pain on over-pressure (OP) at end of range)

    When testing for synovitis, the tests are done in the following hierarchal order (as soon as a test is positive, do not proceed with subsequent tests):

    1) observe for effusion
    2) palpate for effusion
    3) palpate for tenderness
    4) stress pain

2. **Signs of Joint Damage**

    - ligamentous laxity
    - subluxation
    - deformity (fixed or flexible)
    - bony crepitus

3. **Pain**
    - Subjective report of pain at rest or on activity; what relieves pain; what aggravates pain.

4. **Functional Range of Movement and Muscle Strength**
    - Record approximate degrees of movement, impact of impaired ROM on function.

5. **Functional Implications**

6. **Non-articular Features**
    - Nodules, vasculitic lesions, Raynaud's, bursitis, tenosynovitis, tendon rupture, Sjogren's.

7. **Skin and Neurovascular Condition**

8. **Splints/Adaptive Equipment**

In addition, special tests pertinent to a particular joint are noted below.

A. Temporo-mandibular

1. **Synovitis**

    Effusion
    - Place tip of forefinger anterior to external auditory meatus while patient opens and closes mouth, effusion if present fills hollow.

    Tenderness
    Stress Pain
    - Apply firm pressure to both TMJ joint lines.
    - Patient opens and closes mouth as far as possible.

2. **Signs of Joint Damage**
    - Asymmetry of jaw motion, decrease ROM, crepitus.

3. **Functional Implication**
    - Chewing, dental hygiene.

B. Cervical Spine

1. **Synovitis**
    - Joints not assessed.

2. **Signs of Joint Damage**
    - Symptoms of atlanto-axial subluxation (i.e. visual disturbance.)

3. **Pain**
    - Headaches, note location.
4. **Splints/Equipment**
    - Use of collars and pillows.

Functional Implication
- Sleeping and working postures, driving, reading, etc.

C. Sternoclavicular

1.	**Synovitis**	Effusion	• Place both thumbs over joint line and palpate for effusion.
		Tenderness	• Place one thumb on each SC joint line and apply firm pressure.

D. Acromioclavicular

1.	**Synovitis**	Tenderness	• To palpate AC joint, palpate clavicle to distal end, then hook fingers dorsally over clavicle and apply firm pressure in "V" created by clavicle and spine of scapula.
		Stress Pain	• Ask patient to bring their elbow across their chest, then apply overpressure or ask them to shrug shoulders.

E. Shoulder

1.	**Synovitis**	Effusion	• Difficult to evaluate unless significant swelling is present. Observe or palpate for fullness over anterior aspect or bicipital tendon area.
		Stress Pain	• With patient in supine lying position shoulder at 60° abduction, passively move shoulder to end of external rotation range and apply over-pressure (OP). If negative, test internal rotation.
2.	**Functional Implications**		• Sleeping position, washing hair, donning shirt, tucking shirt in, reaching high surfaces.
3.	**Non-Articular Feature**		• Bursitis, tenosynovitis.

F. Elbow

1.	**Synovitis**	Effusion	• With elbow at 90º palpate for fluctuation of fluid on either side of olecranon. Effusion may also appear as a bulge above radial head when elbow is moved from 45º flexion to full extension.
		Tenderness	• With elbow in 45° flexion and forearm in neutral, palpate the grooves on either side of olecranon for tenderness.
		Stress Pain	• Apply over-pressure at limit of passive flexion or extension.
2.	**Damage**		• Flexion deformity.
3.	**Functional Implications**		• Eating, pericare, reaching feet, carrying objects.

4.	**Non-Articular Feature**		• Nodules.
5.	**Functional impact**		• Feeding, handling change, door knobs, etc.
G	**Radioulnar joints (proximal and distal)**	Tenderness Damage Range of Motion	• Palpate DRUJ for tenderness. • +ive piano key sign. • With elbow at 90° pronate and supinate the forearm.

H. Wrist

1.	**Synovitis**	Effusion	• With wrist in neutral, use pads of thumb to palpate for fluctuation over radiocarpal and midcarpal joints.
		Tenderness	• With wrist in neutral, apply pressure with thumbs over radiocarpal and midcarpal joints.
		Stress Pain	• Apply overpressure in extension or flexion at end of available range.
2.	**Damage**		• Volar subluxation (dinner fork deformity.)
3.	**Functional Implications**		• Meal preparation, driving, vacuuming, lifting
4.	**Non-articular Feature**		• Tenosynovitis.

I. Thumb

a) Carpo-metacarpal (CMC)

1.	**Synovitis**	Tenderness	• With thumb in its resting position, palpate joint line dorsally and apply pressure.
2.	**Functional Implications**		• Writing, gripping, turning a key.

b) 1st Metacarpophalangeal (MCP)

1.	**Synovitis**	Effusion	• With MCP flexed to 45° and proximal phalanx supported by examiner, position thumbs over the MCP joint line dorsally/ laterally and palpate for fluctuance using two-thumb technique.
		Tenderness	• Position as above. Apply pressure over joint line.
		Stress Pain	• Apply over-pressure in extension at end of available range.
2.	**Damage**		• 90/90 thumb, metacarpal adduction and MCPJ hyperextension.

3. Functional Implications		• As for CMC joint.

c) Thumb Interphalangeal (IP) (see section J, page 6)

J. Metacarpophalangeal (MCP) Joints 2nd – 5th

1. Synovitis		• Refer to instructions for 1st MCP.
2. Damage		• Test for laxity of collateral ligaments with MCP joints flexed to 90°flexion. • Palpate for volar subluxation. Observe for ulnar deviation, extensor tendon ulnar dislocation.
3. Functional Implications		• Jars, taps, pulling clothes on, decreased dexterity.

K. Proximal/Distal Interphalangeal (PIP/DIP) Joints

1. Synovitis	Effusion	• With joint in extension, using the four-finger technique, apply pressure over joint line in A/P direction, while palpating for fluctuance on the medial and lateral aspects of the joint dorsal to the collateral ligaments.
	Tenderness	• Apply pressure to medial and lateral aspects of joint simultaneously.
	Stress Pain	• Apply over-pressure in extension or flexion while supporting proximally. Test PIPs only.
2. Damage		• Test for laxity of collateral ligaments by applying a medial/lateral stress to joint when it is in extension.
3. Functional Implications		• As for MCP joint, small fastenings, tasks requiring dexterity.
4. Non-articular Features		• Tenosynovitis, tendon rupture, Raynaud's, vasculitis.
5. Range of Motion / Strength		• Fist, opposition, pinch, grip strength, Bunnel Littler test for intrinsic tightness (tuck).

K. Hips

1. Synovitis	Stress Pain	• With patient lying supine and hip in 0° extension, roll the leg into internal rotation with over-pressure. If negative, roll the leg into external rotation with over-pressure. • If "log rolling" is negative, flex hip to 90° then apply over-pressure to end-range of internal and if

negative, then external rotation. Ask patient to identify site of pain. The test is positive if the site of pain is in the groin, or over the lateral or posterior aspects of the hip joints.

2. Functional Implications

- Getting up/down from low surfaces, dressing lower half, walking, standing, stairs, sports, reaching low surfaces, home accessibility. Use of adaptive equipment and mobility aids.

L. Knees

1. Synovitis

Effusion

- With patient lying supine check for "bulge sign" by applying 3 or 4 firm strokes in a proximal direction to the medial aspect of the knee joint. Follow by one firm distal stroke on the lateral aspect of the knee. Observe for "wave" of fluid just medial to patella.
- If negative, place one hand (firmly cupped) over the suprapatellar pouch and apply a downward and distal pressure. With the other hand, palpate for fluctuance in the parapatellar recesses of the knee.

Tenderness

- With knee flexed to 60°, palpate for tenderness with thumbs over joint line, on antero-lateral and antero-medial aspects of the knee joint.

Stress Pain

- Apply over-pressure in flexion at end of available range; if negative apply OP in extension.

2. Damage

- Flexion deformity, varus/valgus – observe in standing.

3. Functional Implications

- As for hip joint.

M. Ankles

1. Synovitis

Effusion

Tenderness

- Position thumbs over anterior aspect of joint on either side of tibialis anterior and extensor hallucis longus tendons and palpate for swelling.
- Apply pressure to anterior aspect of the joint on either side of the tendons, with ankle in slight plantar flexion.

Stress Pain

- With the knee flexed, apply over-pressure at end of available range in dorsiflexion. Avoid pressure on MTPJs.

2. Functional Implications

- Standing, walking, stairs.

N. Feet

Perform general foot scan and if problems are identified, perform detailed foot assessment.
General Scan would include: review of weight bearing position (arches, resting calcaneal stance position); presence of deformities; footwear used and wear pattern; present/past use of orthotics; function (walking & standing tolerance.)

a) Subtalar Joint

1.	**Synovitis**	Stress Pain	• With ankle in neutral (90°) stabilize the lower leg with one hand and grasp calcaneus with other hand. Apply over-pressure at the end of available inversion range and if negative, test eversion.
2.	**Damage**		• Calcaneal valgus in standing, over pronation in stance, prominent/collapsed navicular.
3.	**Non-articular Feature**		• Rupture of posterior tibialis tendon.

b) Midtarsal Joint

1.	**Synovitis**	Stress Pain	• With ankle in dorsiflexion, grasp calcaneus to stabilize it. Place other hand over dorsal shafts of metatarsals, apply over-pressure to end of available inversion range and if negative, test eversion. Be careful to avoid squeezing MTPJs.
2.	**Damage**	Deformity	• Flattening medial and lateral longitudinal arches and transverse arch. Collapse of medial cuneiform.

c) Metaphalangeal (MTP) Joints 1st-5th

1.	**Synovitis**	Tenderness Stress Pain	• With joint in slight plantar flexion, apply pressure over joint line dorsally and distal to MT head. • Apply traction to joint and then stress the joint at the limit to passive plantar flexion.
2.	**Damage**		• Hallux valgus/varus, hallux limitus/rigidus, MTPJ subluxation, flattened transverse arch.

d) Proximal and Distal Interphalangeal (PIP/DIP) Joints

1.	**Synovitis**	Tenderness	• Apply A/P pressure over PIP and DIP joint lines.
2.	**Damage**		• Claw, hammer toe or overlapping.