School of Medical and Allied Sciences

Course Code :BPTH3003

Course Name: Physiotherapy in General and Cardiac Conditions Conditions

History taking in Assessment

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Disclamer

This content is for educational and teaching purpose.





- 1. DEMOGRAPHIC DATA
- 2. CHIEF COMPLAINT
- 3. HISTORY
 - PRESENT ILLNESS
 - PAST HISTORY
 - i. SURGICAL HISTORY
 - ii. MEDICAL HISTORY
 - FAMILY HISTORY
 - OCCUPATIONAL HISTORY

DEMOGRAPHIC DATA

- Name:
- Gender:
- Marital status
- Occupation:
- Date of assessment:
- Source of history:
- Age:
- Address:

- Chief complaints: (Always in patients words)
- Symptoms
 - Breathlessness(SOB)
 - Cough with or without expectoration
 - Chest pain
 - Noisy breathing
- Associated symptoms
 - Hoarseness Voice changes
 - Dizziness/faint
 - Headache
 - Altered sensorium
 - Ankle swelling

- Nausea / Vomiting
- Weight loss
- Fatigue
- Weakness
- Altered sleep pattern
- Fever
- Excessive sweating
- Loss of appetite

History of presenting illness

- Breathlessness
 - Description of onset
 - Date
 - Time
 - Type : sudden/gradual
 - Severity
 - How bad it is
 - How it affects activities of daily living
 - FrequencyHow often
 - Duration
 - How long
 - Constant/intermittent

- Associated symptoms
 - Sweating
 - Swelling
 - Cough
 - Chest discomfort
- Aggravating factors
 - Position/weather/temperature/anxiety/exercise
- Reliving factors
 - Position/hot/cold/rest

- During the status of episode
 - Can you continue to do what you were doing
 - Do you have to sit down or lie down
 - Can you continue to speak
 - Do the attack cause your lips or nail bed to turn blue

- SCALE
 - Visual analog scale : ____/10
 - Modified Borg scale
 - MRC Scale

Tick the activities disturbed by breathlessness

- Climbing stairs () if yes how many steps
- Walking () if yes how much distance

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Bathing ( )Toileting()
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- Dressing () Combing ()
- Shopping () Grooming ()
- Speaking ()

Any other activities

Type of dyspnea

- Recurrent dyspnea
- Progressive dyspnea
- Orthopnea lying down flat
- Trepopnea lying on one side
- Platypnea while sitting
- Paroxysmal nocturnal dyspnea
- FUNCTIONAL dyspnea

Cough

(Description of Onset)

- Date Time
- Sudden or Gradual
- Productive/non productive
- Duration: greater than 2 weeks (screen for Tuberculosis (TB))

Severity

- How bad it is?
- How it affects activity of daily living?
- Associated symptoms
- Chest pain/wheezing
- fever/runny nose/hoarseness/night sweat/weight loss/ headache/dizziness/ loss of consciousness

Sputum Description

- Mucoid airway irritatnt
- mucopurulent/purulent LRTI
- blood tinged
- Color
 - Clear / yellowish -
 - black/brownish smokers
 - frothy white/pink oedema
 - sand Greenish staphyllococus or steptoccocus
 - red jelly/rusty with blood
- Consistency
 - Thin/thick

- Quantity
 - Scanty/ ____teaspoon/ ___cup/copious ___pint or more
- Time of the day
 - Morning/evening
- Odour

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Hemoptysis

- Amount : clot/massive
- Odour
- Color
- Frequency
- Frank blood or mixed with sputum
- Streaky/Non streaky/FROTHY BLOOD TINGED
- With chest pain/dyspnea
- WITHOUT COUGHING
- History of nose bleed
- History of accidents

Chest Pain

- ORIGIN
- ONSET
 - Date
 - Time
 - Type : sudden/gradual
- Severity
 - How bad it is
 - How it affects activities of daily living
- Frequency How often
- Duration
 - How long
 - Constant/intermittent

Aggravating factors

- Breathing
- Positions :
 - Lying flat/side lying
 - Movement with arms
 - Rest/exercise
 - Sleeping/stress/after eating
 - Stress/anxiety
- Quality
 - Dull / aching / sharp shooting
 - radiating
- FEVER

PAST MEDICAL HISTORY

- Surgeries & hospitilisation
- Injuries & accidents
- Allergies
- Medications
- Diabetes
- HTN

PERSONAL HISTORY

Cigarettes – packs per year

Alcohol

Other habits like chewing, gutka, addicted to something etc

FAMILY HISTORY – DISORDERS OR DISEASE in family from direct relation like Autoimmune disorders.

Diabetes, cancer, mental disorder cardiovascular disease.

OCCUPATIONAL HISTORY ENVIRONMENTAL HISTORY

References

 Physiotherapy for Respiratory and Cardiac Problems: Adults and Paediatrics Jennifer A. Pryor, Ammani S Prasad—4TH Edition

• Cardiovascular and Pulmonary Physical Therapy Evidence to Practice Frownfelter Donna, Elizabeth 5th EDITION.

 Wilkins' Clinical Assessment in Respiratory Care - Dr. Albert Heuer and Dr. Craig Scanlan, 7th Edition Thank You.

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