

# WHEN TAKING A CASE HISTORY YOU NEED TO KNOW THE ANSWER BEFORE YOU ASK THE QUESTION OTHERWISE THE RESPONSE WILL MAKE NO SENSE



Q: What is your backpain like in the morning?

A: Green Socks!!!

Q: What do you wear with your brown trousers?

A: It is very stiff first thing!!!!

You know the two Q and A don't match up because of your pre existing- knowledge.



Assume nothing

Assume makes an  
ass of u and me



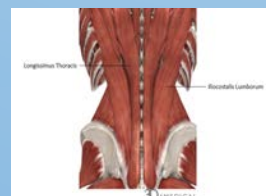
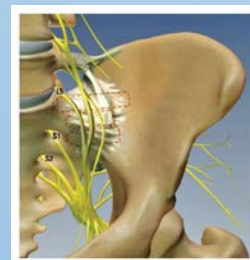
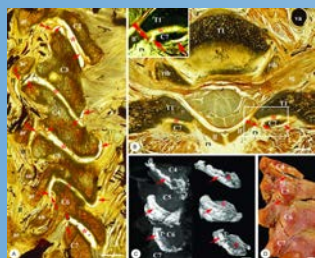
## WHY EVEN BOTHER WITH A CASE HISTORY? WE ARE OSTEOPATHS SO ISN'T PALPATION ENOUGH?

The differential diagnosis has to begin with a case history. You have to understand the pathophysiology of the tissues you are dealing with.

What makes the symptom worse, better, does not affect it?

Your questions have to reflect your knowledge of muscles, ligaments, bones, discs, specific joints such as the SIJ

And this only comes from questions and answers about their functions



## Why do we bother with full medical history?

For clinical safety

So as to treat the viscera if that is the origin of the problem

To look at the contribution of the viscera to the presenting problem.

i.e. the influence of the gynae hormones such as oestrogen and relaxin to muscle function.

The influence of a gravid uterus or a large Fibroid on the supporting pelvis and lumbar spine causing low back pain.

A full constipated rectum on back pain?

