



ROYAL COLLEGE  
*of* PODIATRY

# **Problem MSK patient or patient with multiple problems**

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# Problem Patient



Impression  
Personality  
Difficult

Attitude  
Demands  
Expectations



Co-morbidities  
Polypharmacy  
Congenital  
deformity

Un-responsive to  
care  
Social needs  
Complex pain

# Difficult Patient



- 1.The “dependent clinger”
- 2.The “entitled demander”
- 3.The “manipulative help-rejector”
- 4.The “self-destructive denier”

(Grove 1978)

# Difficult Patient



EDITOR'S PERSPECTIVE

## Dealing with Difficult People and Why It Matters

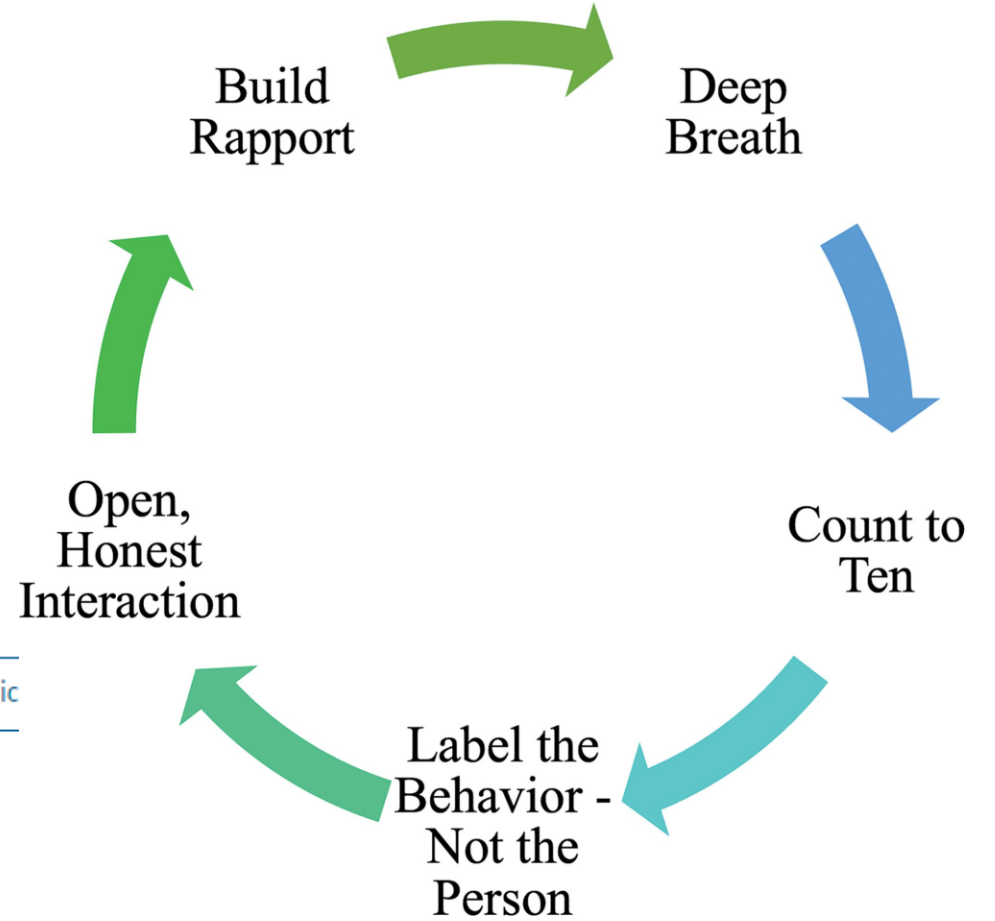
Rivedal, David D. MD; Cichocki, Meghan BS; Chung, Kevin C. MD, MS

[Author Information](#)

*Plastic and Reconstructive Surgery* 152(5);p 923-928, November 2023. | DOI: 10.1097/PRS.00000000000010790

FREE

 Metric



100ms exposure to a face creates a lasting impression

(Willis & Todorov 2006)

What information do you take from this image?



# Patient MSK interview

Symptom description and clinical story

Activity leisure

Work

Footwear Choices

Medical and pharmacy

PROMS



# Clinical Reasoning

“ A thinking process directed towards enabling the clinician to take wise action – meaning taking the best judged action in a specific context”

To solve a clinical diagnostic problem means first to recognise a malfunction, then set about tracing or identifying its causes.

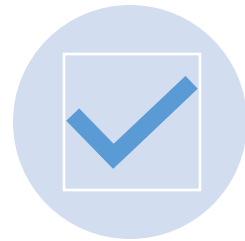
(Higgs and Jones 2008)



# Diagnosis



Search for the cause



Elaborate matching task



Testing has enhanced  
diagnosis, enabled us to see  
what has not previously been  
known



Process of analysis and  
interpretation

# Methods of reasoning

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- Hypothetical-deductive approach – generate hypothesis, debate and discard
- Pattern Recognition – internal library of specific symptoms
- Heuristics – shortcuts, hypothesis from pathways
- Pathognomonic signs- immediate diagnosis

# Unsure ?

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Diagnostic testing :

- How a diagnosis is changed in light of new information
- Probability of a diagnosis
- Likelihood ratio

Every test has a specificity and a sensitivity

**Specificity** = the proportion of those without the problem and test negative

**Sensitivity** = the proportion of those with a pathology and test positive

# Bias and errors

Bias	Errors
Heavily publicised	Signs
Overload	Symptoms
Been on a course	Visual Cues
Difficulty estimating probabilities accurately	Evidence
Overestimation	Tests



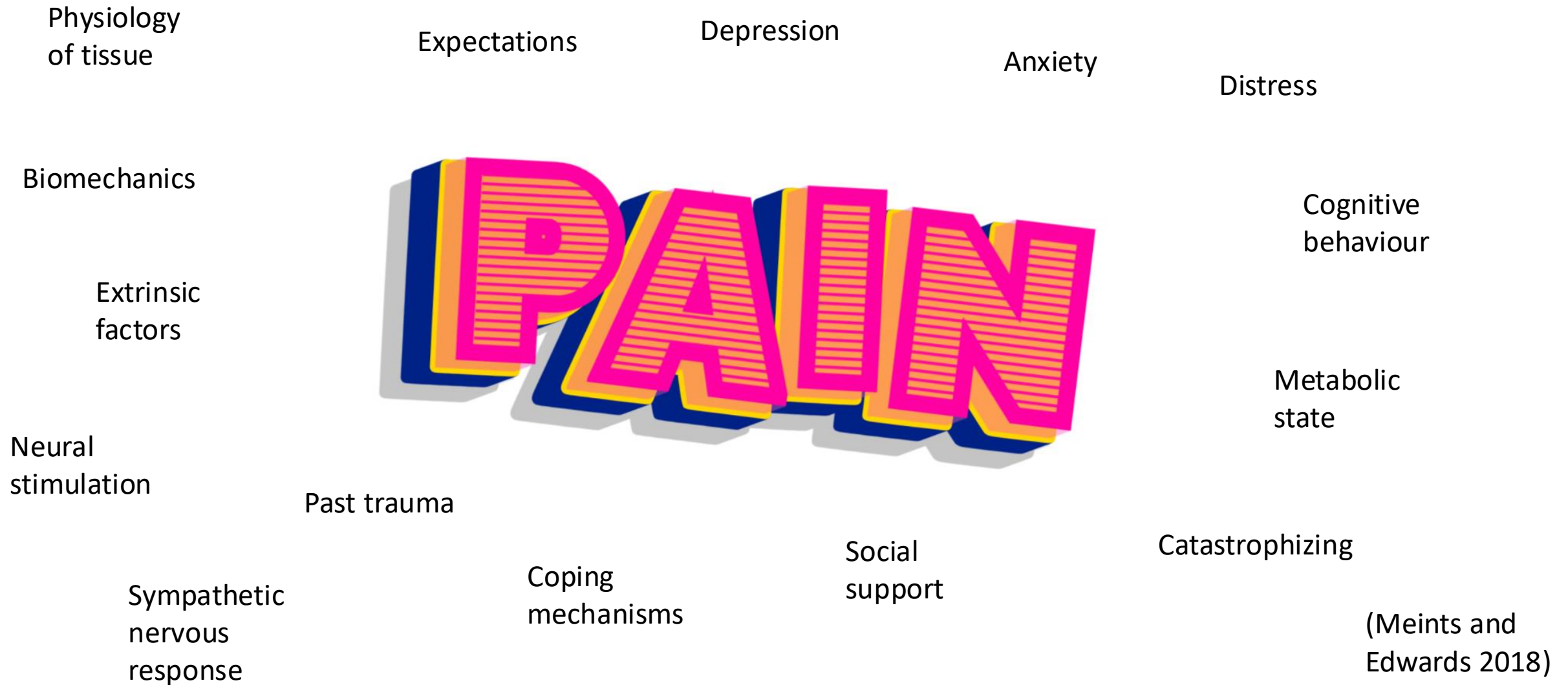
# Problem Patient Comorbidities (2 or more medical complaints)



1. Poor foot health scores
2. Poor foot function
3. Complex pain
4. Lower rates of self assessed improvement

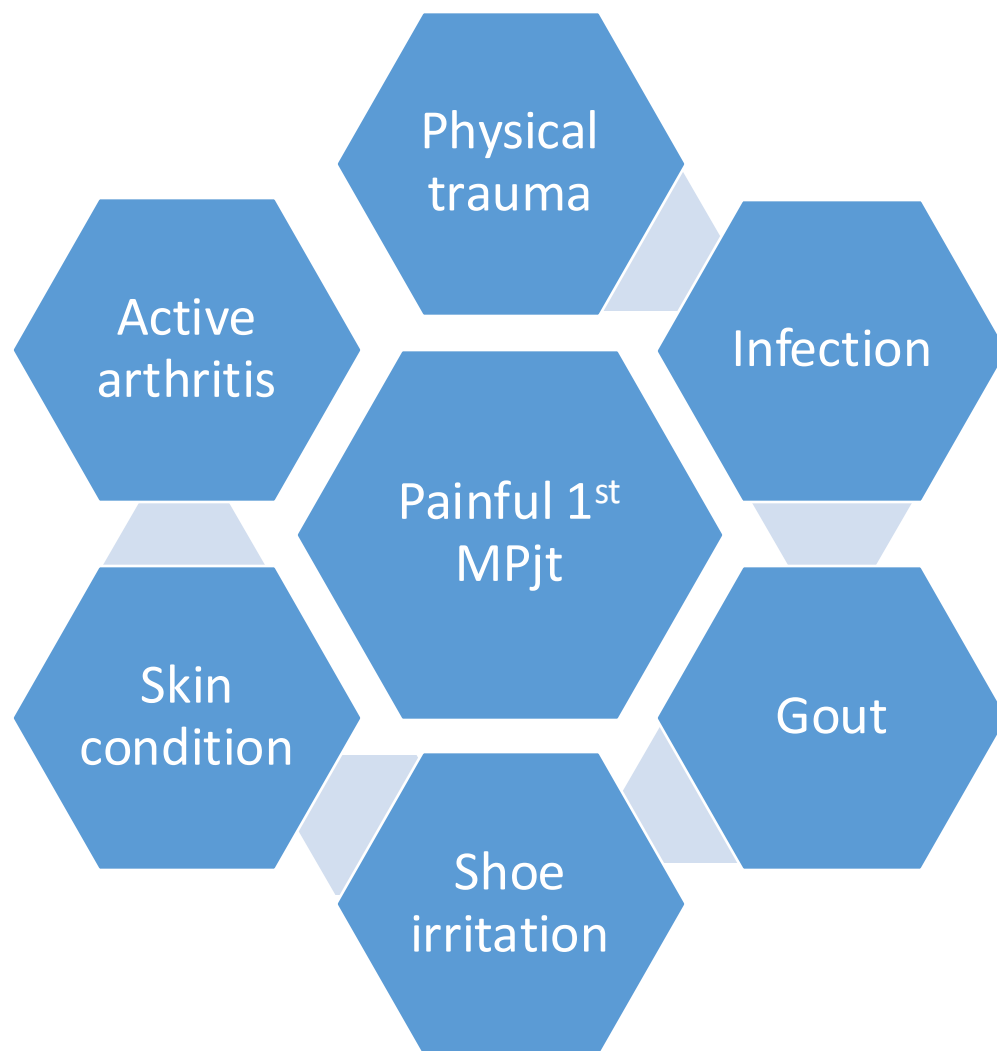
(Hendry et al., 2019)

# Pain - Biopsychosocial Model



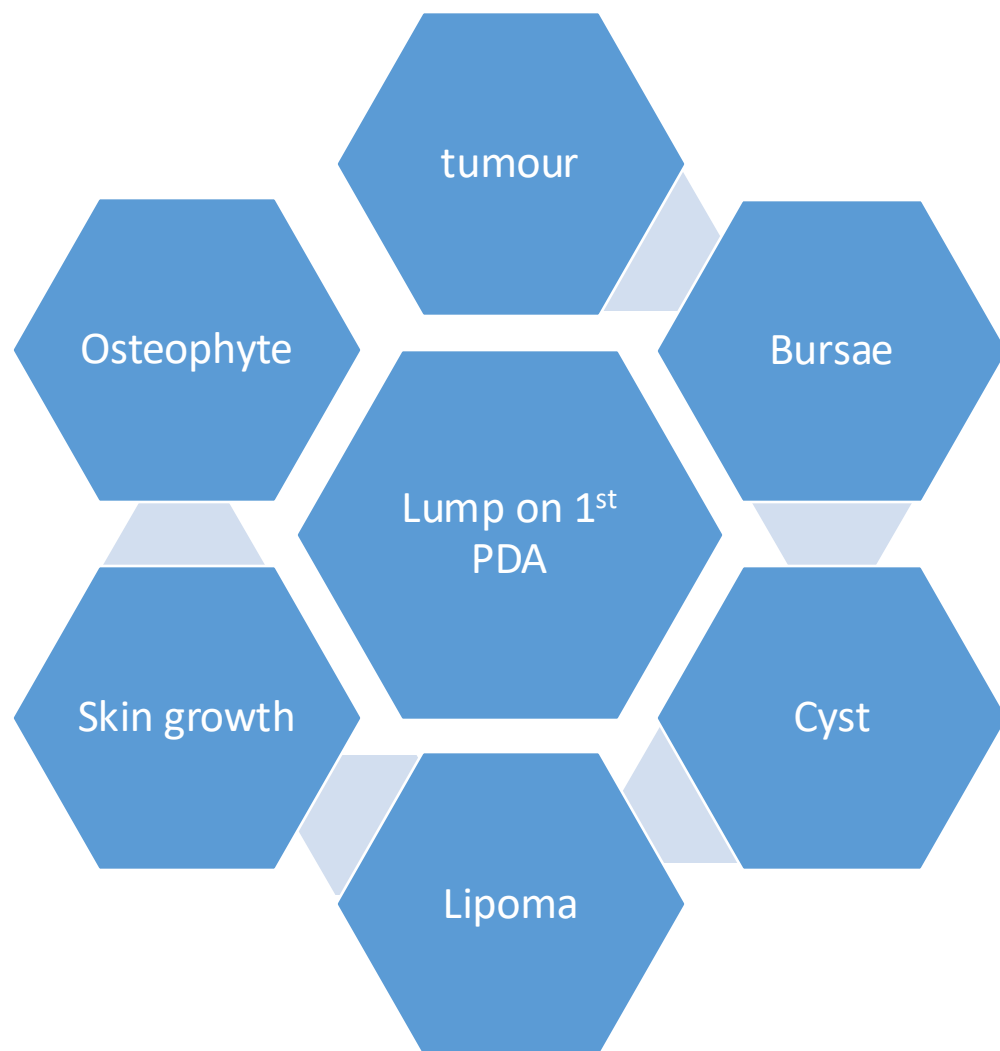
- Immediate thoughts?





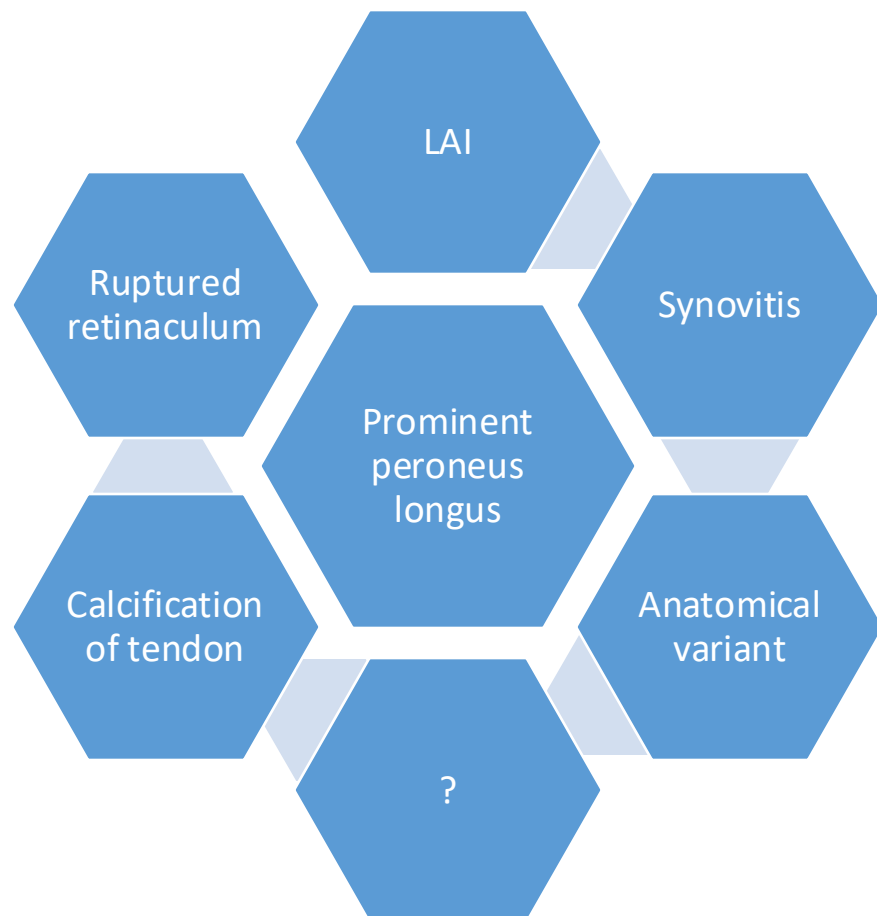
- Immediate thoughts?





- Immediate thoughts?





# Heel Pain Module


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Which is it?

Consultation A

SCORE: 0

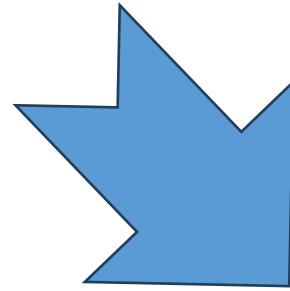
HINT

 Ischaemic heel pain	 Fat pad atrophy	 Calcaneal periostitis	 Calcaneal fracture	 Calcaneal fissure	 Retro calcaneal bursitis
 Calcaneal apophysitis	 Subtalar joint OA	 Medial calcaneal nerve	 Referred pain from spine	 Insertional achilles tendinopathy	 Plantar fasciopathy

Flip down the diagnoses that **do not** apply. Each hint will cost five points.



What does the patient complain of and want



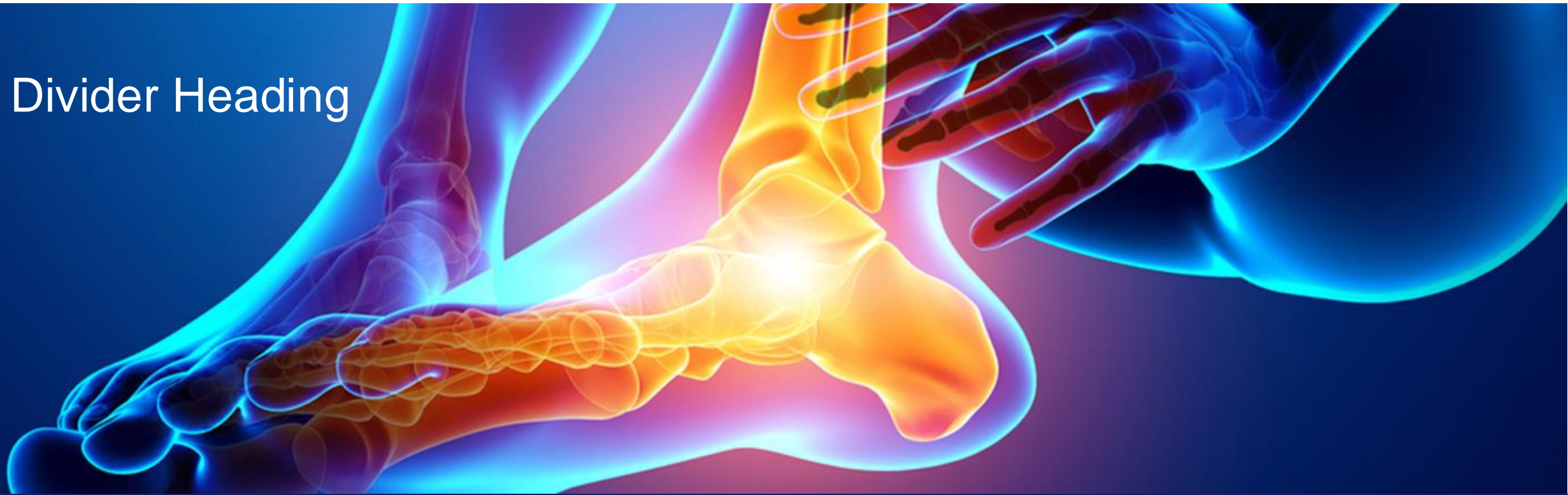
How can we best help them



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## Divider Heading



The Sub head line to be added here