Screening for medical referral

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Diagnosis by medical doctors of many diseases requires advanced imaging, laboratory tests and/or tissue biopsy. Physiotherapists can make significant contributions to these diagnoses by referring patients to physicians in a timely fashion. The average length of time duration between when pain from cancer begins (anache) and the diagnosis is made is 9 months (1). While physiotherapists see many patients with ache complaints, most do not have cancer. It is important for physiotherapists to recognize the warning signs of serious disease like cancer. There are many examples of physiotherapists effectively screening patients for medical doctor referral (2).

Occult cancer typically presents with an ache that starts insidiously and over time becomes more severe and intense. Weight-bearing activities aggravate the pain and unloading the body provides relief, but as the disease progresses less and less weight-bearing is tolerated and less and less relief is noted with unloading strategies. This pattern of pain progression is not unusual for many patients whom respond well to physiotherapy management. So when should one be concerned about a patient's health status? Literature suggests that having a personal history of cancer (e.g., breast, prostate, lung cancer etc.) is a major risk factor. In fact recent back pain guidelines recommend that a patient with such a history and a new onset of back pain should undergo an MRI (4). Also, a patient with a progressive pain pattern history over 50 years of age, unexplained weight loss with lack of response to conservative care should be referred to a physician.

The screening process for physiotherapists includes: 1) identifying health risk factors (e.g., age, sex, illnesses, family history), 2) recognizing a symptom pattern that is progressive or atypical in nature, 3) review of systems (e.g., unexplained weight loss, urinary retention or incontinence, increased urinary frequency etc.), 4) recognizing a physical examination pattern that is progressive or atypical in nature, and 5) assessing response to treatment. Due to the potential overlap of visceral/disease pain patterns with pain from conditions that respond well to physiotherapy management collecting patient health risk factors and review of systems is critical to recognizing a pain pattern that suggests disease versus dysfunction. For example ischemic heart disease can cause right shoulder, jaw and inter scapular pain; abdominal aortic aneurysms can cause lower thoracic/upper and mid lumbar pain, gall bladder disease can cause right scapular or central mid/lower thoracic pain (3). So when should the physiotherapist worry that the inter scapular pain is from the heart? The response is – does the patient have risk factors associated with heart disease, or other symptoms associated with heart disease – dyspnea, diaphoresis, and what is the patient's heart rate and blood pressure? In many cases the entire examination is required before a decision to refer to a medical doctor can be reached with confidence.

Keywords: medical screening, differential diagnosis, red flags, night pain, patient referral.

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