MSK Rapid Review

Cervical Spine Injury

- Suspect C-spine injury in trauma (e.g., MVC, fall, diving). Immobilize neck immediately.
- SCI above C5 = risk of respiratory paralysis.
- Neurogenic shock = bradycardia + hypotension + warm skin.
- Use NEXUS or Canadian C-spine rules to guide imaging.
- Initial imaging: non-contrast CT, then MRI if neurologic symptoms.

Trigger Finger

- Caused by stenosing flexor tenosynovitis, often at A1 pulley.
- Finger gets stuck in flexion, painful popping/catching.
- Tx: Steroid injection first-line. Surgery if refractory.

Cancer Metastasis to Bone (Most Likely Diagnosis)

- Breast, prostate, lung = top 3.
- Bone mets = back pain worse at night, non-mechanical.
- Labs: ↑ alk phos, normal calcium (except MM).
- Lytic lesions (lung, renal, thyroid), blastic (prostate), mixed (breast).
- Imaging: Bone scan for detection.

Clavicle Fracture (Most Likely Diagnosis)

- Common from fall on outstretched hand or shoulder.
- Pain/swelling over clavicle, arm held in adduction.
- Middle third = most common site.
- Tx: Figure-of-8 sling or simple sling.

Osgood-Schlatter Disease (Hx & Physical Exam)

- Teen athlete with anterior knee pain worsened by activity.
- Tender tibial tubercle, swelling, pain with extension.
- Traction apophysitis of patellar tendon.
- Self-limited.
- Tx: Rest, NSAIDs, stretching.

Rheumatoid Arthritis
Pharm therapy:

- First-line: Methotrexate (MTX).

Add biologics (TNF-α inhibitors) if MTX insufficient.
Bridge with NSAIDs/steroids for acute flares.

- Diagnosis:
- Labs: ↑ RF, anti-CCP, ↑ ESR/CRP.
- Imaging: Joint space narrowing, erosions, symmetric polyarthritis.

Morning stiffness >1 hr, MCP/PIP involvement.

Shoulder Dislocation (Diagnostic Studies)
- Anterior = most common; arm abducted + externally rotated.
- Check axillary nerve (deltoid sensation).
- Imaging: AP + Y-view X-ray.
- Hill-Sachs (humeral head impaction) & Bankart (labral tear).

Lumbar Disk Herniation (Clinical Intervention)
- Commonly at L4-L5 or L5-S1.
- Radicular pain, worse with sitting/coughing.
- Straight leg raise.
- Tx: NSAIDs + physical therapy. Surgery if cauda equina or refractory.

Talipes Equinovarus (Clubfoot) (Intervention)
- Congenital, foot turned in/inverted.
- Tx: Ponseti serial casting, start ASAP after birth.
- Surgery if not corrected by ~6 months.

10. Legg-Calvé-Perthes Disease (Most Likely Diagnosis)
Idiopathic AVN of femoral head in boys 4–10 yrs.
Painless limp, ↓ ROM (especially internal rotation/abduction).
X-ray: Crescent sign, flattened femoral head.
Tx: Activity restriction, bracing, ortho referral.

11. Hip Fracture (Pharmacotherapy)
Post-op pain: opioids short-term, acetaminophen preferred.
Prevent DVT: LMWH or DOACs.
Long-term: Bisphosphonates + calcium/vitamin D for osteoporosis.

12. Toe Fracture (Lab/Diagnostic)
Pain, swelling, bruising after trauma.
X-ray to confirm fracture, rule out displacement.
Tx: Buddy taping, hard-soled shoe.
Rule out open fracture or joint involvement.