The diagnosis in many patients can be made on the history and examination alone. Much is due to pattern recognition, i.e. a combination of typical symptoms and clinical signs coming together. Below is a list of the locomotor symptoms and clinical signs of some common rheumatological disorders.

**PIP Joint Pain**
- Age 40+, female + bony swelling → osteoarthritis (OA)
- Any age, soft tissue swelling and tenderness → synovitis? cause → symmetry → rule out rheumatoid arthritis (RA)
- Asymmetric – consider spondylarthropathy, e.g. psoriatic or reactive arthritis

**MCP Soft Tissue Swelling and Tenderness**
- Synovitis → symmetry → rule out RA
- Asymmetric – consider spondylarthropathy especially if digital swelling (dactylitis) present

**Thumb Base Pain**
- Age 40+, female + bony swelling 1st carpometacarpal CMC → 1st CMC OA
- Consider De Quervain’s tenosynovitis

**Elbow Pain**

* Lateral Aspect
  - Tender lateral epicondyle + pain on resisted extension wrist → lateral epicondylitis

* Medial Aspect
  - Tender medial epicondyle and pain on resisted flexion wrist → medial epicondylitis
Over Olecranon Process

- Local soft tissue swelling → olecranon bursitis (other possibilities: gouty tophi or rheumatoid nodules)

Upper Arm Pain (see also “Shoulder Pain”)

- Pain on reaching behind, lifting arm, shoulder sore to lie on, ↓ active ROM in rotation → likely shoulder origin
- Pain on resisted movement → likely rotator cuff disorder
- Marked ↓ active and passive ROM → adhesive capsulitis
- If shoulder appears normal examine neck, supraclavicular fossae, chest and axillae (large differential diagnosis)

Trapezius Pain

- Tender acromioclavicular (AC) joint → AC joint origin
- Chronic pain associated with widespread pain and muscle tenderness → fibromyalgia
- ↓ ROM neck → may be cervical in origin (especially if asymmetric)

Thoracic Spine Pain

- Young, prominent stiffness, ↓ ROM, ↓ chest expansion → ankylosing spondylitis likely
- Older, dorsal kyphosis → osteoporotic vertebral fractures likely
- Consider intrathoracic causes
- In all with thoracic pain ensure FBC, ESR, bone profile, plain radiographs normal

Anterior Chest Wall Pain

- Tender only over individual costo-hondral junctions → costochondritis
- Diffusely tender → rule out fibromyalgia

Low Back Pain

Acute

- Likely lumbar, mechanical
- Disc or facet joint

Chronic

- Young, widespread pain + tender points → fibromyalgia
- Chronic, with sciatica (see definition) → disc protrusion
- Chronic, 60+ with buttock pain worse on exertion, radiates to legs → rule out spinal stenosis
- Consider intra-abdominal causes