

# Rheumatology Red Flags





Why Rheumatology

Arthropathies

Connective Tissue Disorders

Inflammation

Systemic Conditions

# Why discuss Rheum in MSK?

**STAY ALERT**

**NEW**

**NORMAL**

**SAVE JOINTS**



RHEUMATOLOGY.PHYSIO  
**ONLINE.**

# Why discuss Rheum in MSK?



41 year old female, 18 month history of plantar heel pain. Constant and present at rest. Worse AM Steps. Atrumatic onset. Enjoys walking. Healthy BMI. Relevant conservative management and progressive loading but ongoing pain. What's the next step...

7:11 pm · 13 Jan 21 · [Twitter for Android](#)

2 Retweets 1 Quote Tweet 28 Likes



**Rheumatology.Physio** @physiojack · 4d

Replying to [redacted]

No other interesting history that might indicate a spondyloarthritis?



# Arthropathies



Rheumatoid Arthritis

Reactive arthritis

Spondyloarthritis

Juvenile Idiopathic Arthritis

Ankylosing spondylitis

Crystal arthropathy

Psoriatic arthropathy

# Connective Tissue Diseases



Lupus

Hypermobility?

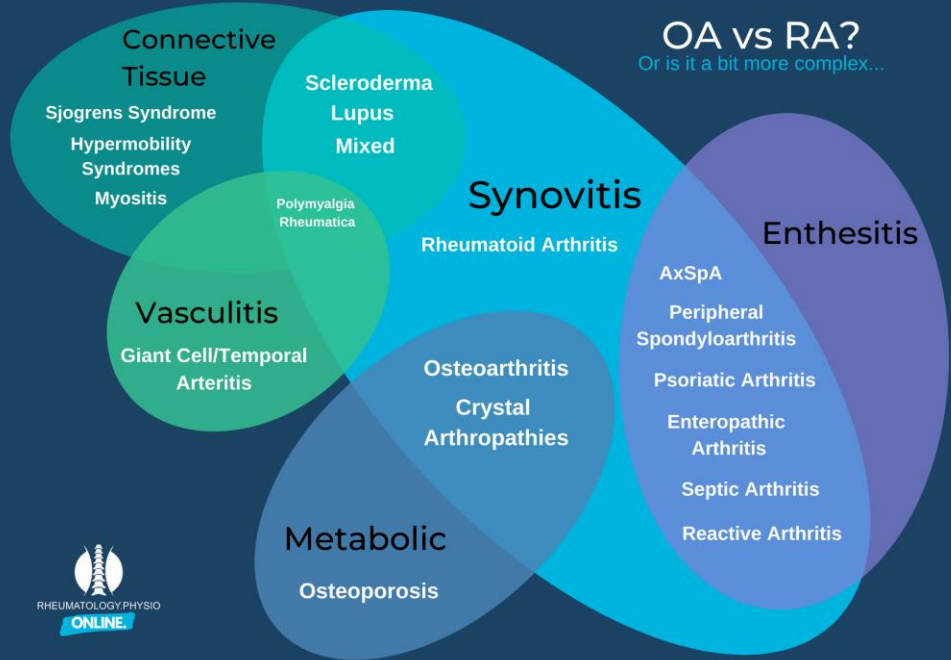
Sjogrens

Mixed/undifferentiated

PMR

Giant Cell Arteritis

# Complexity

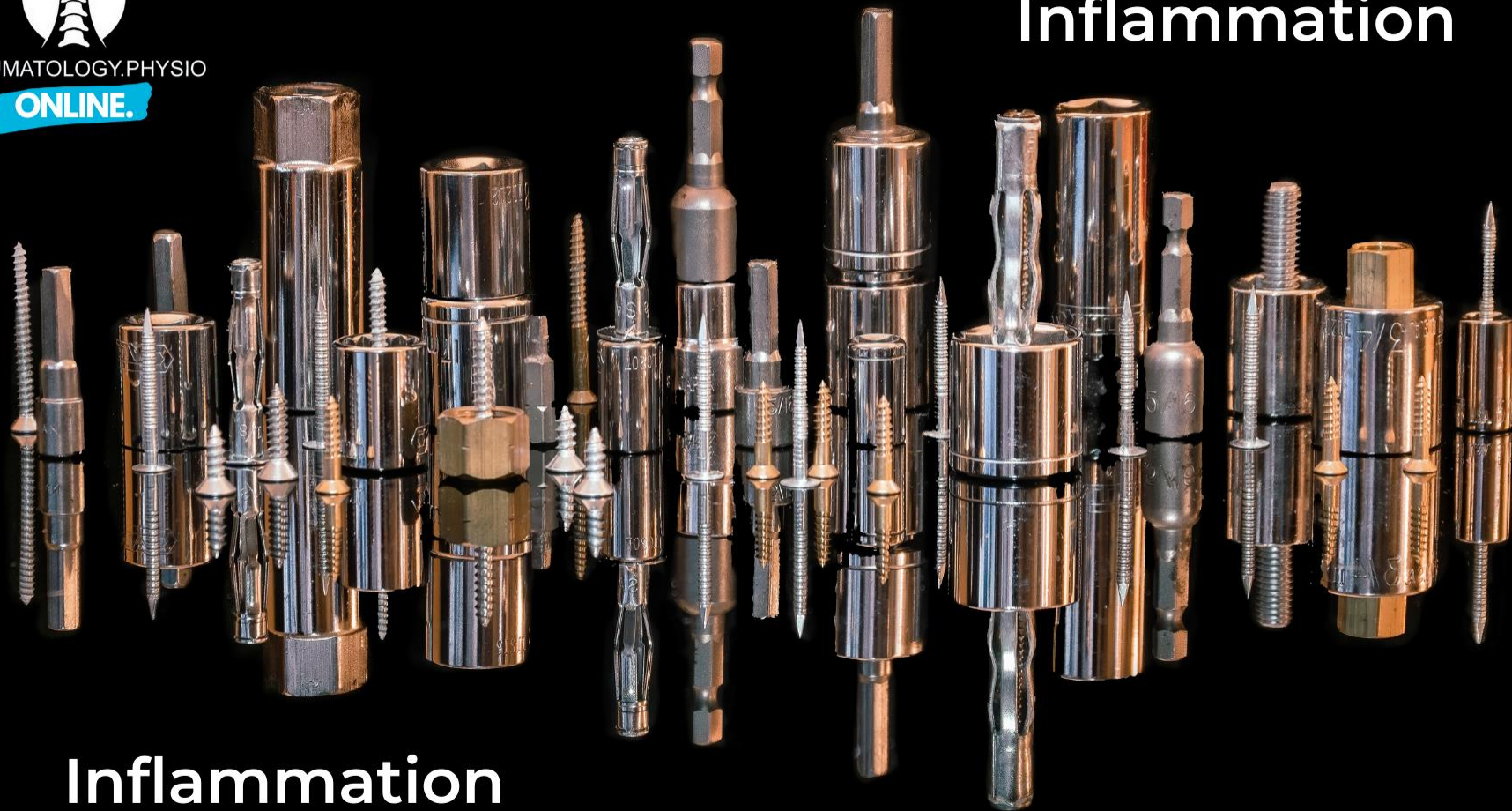




RHEUMATOLOGY.PHYSIO

ONLINE.

# Inflammation



# Inflammation



# Features of Inflammation

Heat

Redness

Swelling

PAIN

Stiffness (Early morning  
>30mins)

Night pain

Better with activity

Worse with rest

Better with anti-  
Inflammatories



# Systemic Condition?



Musculoskeletal

Integumentary

Digestive

Ocular

Neurological

Cardiovascular

Reproductive

# Rheumatology Red Flags



RHEUMATOLOGY.PHYSIO

**COURSE.**

Jack March | Rheumatology.Physio