

Clinical Reasoning Scenario 2

Referral

Jane is a 35 year old female complaining of insidious onset bilateral heel pain for the last 6 weeks. She takes no regular medication. She has a past medical history of Psoriasis which is managed by moisturisers. She attended a Physiotherapist last year for repetitive strain in her hand.

Further Subjective Information

Insidious onset bilateral heel pain 6 weeks ago. She awoke one morning and was unable to weight bear through her heels. This improved after a few minutes and she ignored it. This has gradually worsened over the last 6 weeks and now she struggles to walk for the first 2 hours in the morning. No change in habits, occupation or circumstances prior to onset. Has not been unwell or required antibiotics.

She has had psoriasis for 10 years and manages this with moisturiser. Last year she developed pain and swelling in the IPJs of her index and middle finger in the right hand, this was diagnosed as a repetitive strain issue. Improved with physiotherapy and ergonomics over a few months and then resolved after 6 months. She had Lateral Epicondylopathy 5 years ago which lasted 2 years and was quite debilitating.

24 hour pattern

Severe pain in the mornings when she gets out of bed which takes 2 hours to improve. This will return to a lesser degree during the day after sitting or after walking for longer periods. Her sleep is unaffected.

Aggravating/Easing

Her heel pain is worse after sitting / driving for any period of time. This will resolve over a period of time relative to how long she was sat, from a few minutes to a few hours.

Past Medical History

She has no known health issues other than the Psoriasis. She attended her GP for the hand symptoms last year and prior to this the tennis elbow. She does not take any prescribed medications. She denies any sexually transmitted infections and use of steroids. She feels well in herself and denies feeling anxious or depressed but feels fatigued constantly.

She has no personal or family history of iritis/uveitis or crohns/colitis. Her father has Psoriatic Arthritis. She has no nail bed changes.

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Social Factors

She works at a desk as an estate agent and often drives to view houses. She enjoys walking her dog 3-4 miles a day, this is not normally an issue. She smokes 10/day and has a BMI of 32.

She has been concerned about Psoriatic Arthritis since she developed the hand symptoms but was reassured as they went away.

Clinical Reasoning Activity

From the case presentation note down your differential diagnosis and the clinical indicators that Jane has: