

AFP H&P Table Examples

Sample tables for linking findings from the history, physical exam, laboratory studies, and diagnostic imaging with clinical conditions

These tables show how to link findings from the history, physical exam, laboratory studies, and diagnostic imaging to the clinical diagnoses one should consider. When suggesting that a reader ask certain questions, look for certain physical exam findings, or order certain laboratory tests or imaging studies, use the format suggested by these tables to highlight the clinical diagnoses one is looking for, and that are indicated by a positive finding from those studies.

History Example

Clues to the Diagnosis of Chronic Pelvic Pain

Clinical Clues	Suggested Diagnoses
Crampy abdominal pain alternating with diarrhea and constipation	Irritable bowel syndrome
Cyclic pain associated with menses	Gynecologic origin
Deep dyspareunia	Endometriosis, urethritis, interstitial cystitis, pelvic relaxation, pelvic floor tension myalgia, pelvic adhesions, fixed uterine retroversion, bowel disease, psychiatric disorder
Irregular uterine bleeding	Fibroids, endometriosis, adenomyosis, functional ovarian neoplasm
Melena, rectal bleeding	Inflammatory bowel disease
Multiple somatic complaints	Prior sexual abuse, psychiatric disorder (e.g., depression)
New onset dysmenorrhea	Uterine origin (e.g., fibroids, adenomyosis)
Pain referred down anterior thigh	Uterine origin
Pain with defecation	Endometriosis, pelvic floor tension myalgia
Previous abdominal surgery or pelvic infection	Pelvic adhesions, abdominal wall trigger points
Urethral tenderness, dysuria	Urethral syndrome

Physical Examination Example

Clues to the Diagnosis of Chronic Pelvic Pain

Clinical Clue	Suggested Diagnoses
Abdominal wall tenderness that persists or increases with splinting	Abdominal wall process (e.g., trigger point, hernia, hematoma, endometriosis)
Adnexal tenderness	Pelvic adhesions, endometriosis, prior salpingitis
Enlarged, tender, boggy uterus	Adenomyosis
Fixed retroverted uterus	Pelvic adhesions from prior infection, surgery, endometriosis
Hyperesthetic area with skin pinching	Trigger point
Lateral vaginal wall tenderness	Pelvic floor tension myalgia
Lower back tenderness	Musculoskeletal origin
Pain with speculum examination	Vaginismus, deep dyspareunia
Suprapubic tenderness	Interstitial cystitis, trigonitis
Tenderness in groin	Femoral hernia, lymphadenopathy
Uterosacral ligament nodularity	Endometriosis

Diagnostic Imaging Example

*Indications For Consideration of Spinal Radiography in Acute Low Back Pain**

Radiography – Anteroposterior and Lateral Views

Indication	Significance
Age older than 50 years	Risk of tumor, severe degeneration
Alcohol abuse Findings suggestive of spondylitis	Greater risk of fractures
AIDS Diabetes mellitus Drug abuse History of corticosteroid use Organ recipient	Risk factors for spinal infection
History of osteoporosis	Compression fracture
History of severe trauma	Fracture likely
Known primary cancer Unexplained weight loss Unrelenting pain at rest	Suggest spinal cancer or possible infection
Neurologic defect	R/O boney, tumor or infectious cause

*Adapted from Liang/Komoroff⁴⁵ and Deyo/Diehl¹⁰

*Order an oblique radiograph only if question of fracture or spondylolysis

Ultrasonography of abdomen or pelvis only if question of aneurysm or pelvic mass

Laboratory Example

Usefulness of Clinical Laboratory Studies in Diagnosing Low Back Pain

Test	Low Back Conditions
Acid phosphatase	Increased in prostatic tumors
Alkaline phosphatase	May be elevated in primary or secondary osseous neoplasms
Chemistry Calcium Phosphorous	Calcium is elevated in hyperparathyroidism, may be elevated with primary and secondary osseous tumors, alterations in the distribution of calcium and phosphorous accompany many metabolic disorders but are normal in osteoporosis
Complete blood count Hematocrit hemoglobin	May be diminished in systemic diseases (i.e., neoplasm, chronic spinal infections)
HLA-B27 antigen	Usually persons with spondyloarthropathies have HLA-B27 antigens; 6 to 8 percent of males have this antigen and therefore its presence is not confirmatory of a spondyloarthropathy
Sedimentation rate	Increased in spinal infections, may be increased in neoplasms and spondyloarthropathies
Serum proteins Globulin Protein electrophoresis	Elevation of one fraction of globulin is associated with multiple myeloma
Urinalysis	Occult urinary tract infection or urinary pathology
White blood cell count with differential	Total white blood cell and shifts in differential may be present in spinal infections or occasionally in spondyloarthropathy