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Emergency Situations[188]

80 mm Hg or ≤90 mm Hg
10 mm Hg
HR >100 bpm
RR >30 bpm
n change in mentation
pain with intractable headache
n onset of angina or arrhythmia
inal rebound tenderness
tarry, or bloody stools

Generalized Systemic Red Flags[178]

us onset with no known mechanism of injury
oms out of proportion to injury
nge in symptoms despite positioning or rest
oms persist beyond expected healing time
or current fever, chills, night sweats, infection
lained weight loss, pallor, nausea, bowel & bladder ch
tutional symptoms)
he or visual changes
al symptoms
tation changes, edema, rash, nail changes, weakness
ess, tingling, burning
test[383,391,555] for pelvic
ation or infection
dix) = supine, resist hip
or left sidelying, stabilize
extend right hip; (+) test
lower quadrant
inal pain; hip or back
(–) test



ation or infection
dix) = supine, flex right
e to 90 degrees &
ly IR hip; (+) test = right
uadrant abdominal pain;
back pain is (–) test



erg's sign[391] = rebound
ness for visceral
gy = supine select an
inal region away from
nful area; clinician places
perpendicular to
en & pushes down deep
ly then lifts up quickly;
o pain; (+) = pain on



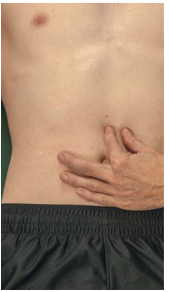
ney's point (location of
ix)[199,383] = 1/3–1/2 the
e between the ® ASIS &
us; (+) test = tenderness
ation



y's sign (gallbladder)[406,539]
fingers under right
of rib cage (just lateral to
abdominis); ask patient to
deep breath as you ease
ngers into the viscera; (+)
udden pain in abdominal
prior to reaching full
tion



alpation = supine with
ees flexed; palpate upper
en, halfway between xiphoid &
us, just Ⓛ of midline; press
deep to palpate the pulsation
aorta; place a finger on each
the aorta; (+) test = aorta
2–3 cm

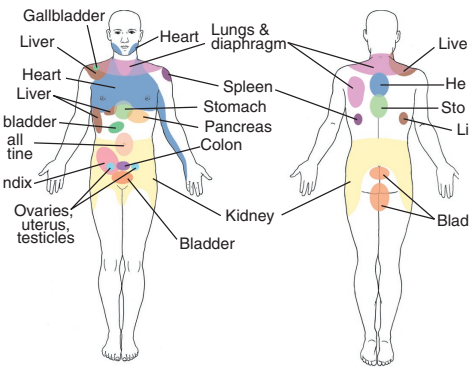


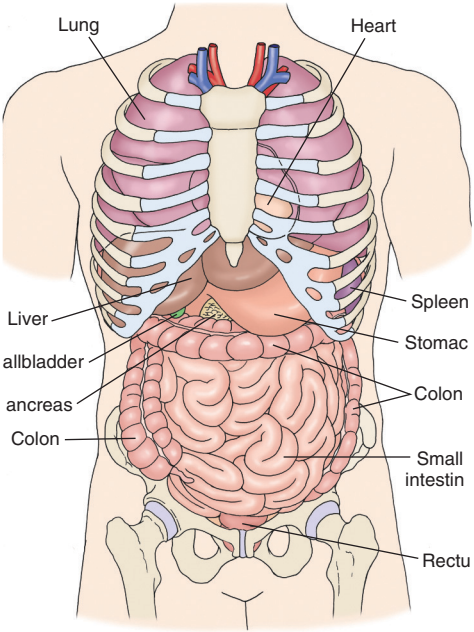
Source: Therapeutic Artic
LLC.

tte's sign[7,66,181] = used to screen for
ible upper motor neuron lesion
ated with multiple sclerosis) &
athy; in sitting, tuck chin to chest;
= sharp, electric shock-like pain
pine & sometimes into UEs



al on	Viscera	Referral Pattern(s)
	Diaphragm	C-spine
	Heart	Anterior neck, chest, left UE
	Esophagus	Substernal & upper abdominal
	Lungs	T-spine
	Stomach	Upper abdomen & T-spine
	Pancreas	Upper abdomen, low T-spine, & uppe
	Bile duct	Upper abdomen, mid T-spine
	Gallbladder	Right UQ, right T-spine
	Liver	Right T-spine
	Small intestine	Mid T-spine
	Testes/ovaries	Lower abdomen & sacrum
	Kidney	L-spine, abdomen
2–4	Uterus/prostate	T/L & L/S junction sacrum, testes, T/L
2–4	Ureter	Groin, suprapubic, medial thigh
	Bladder	Sacral apex, suprapubic





Gulick, D. Screening Notes: Rehabilitation Specialist's Pocket Guide. FA
ia, 2006, pp 11-12.

"CAUTIONS" = Red Flags of Cancer

ge in bowel & bladder lasting >7–10 days
e that fails to heal in 6 weeks
ual bleeding or discharge
ening/lump (breast or elsewhere)
estion, difficulty swallowing, early satiety
us change in wart or mole
Asymmetrical shape
Border irregularities
Color—pigmentation is not uniform
Diameter >6 mm (bigger than a pencil eraser)
Evolution (change in status)
ing cough or hoarseness (rust-colored sputum)
lemental Signs & Symptoms
5 lb wt loss in 10–14 days
ges in vital signs
uent infections
iratory or urinary)
ange in DTRs

- + proximal muscle w
- + night pain
- + pathological fractur
- >45 yo

Cardiovascular Signs to Discontinue Exercise[188]

HR <40 or >130
ar pulse, palpitations
ythmias/hr
glucose >250 mg/dL
ration <90%
>100°F
50 or DBP >120 mm Hg
SBP >10 mm Hg
ive changes

- Cold, clammy, cyanotic
- Po_2 <60; hemoglobin <8
- Dyspnea, orthopnea
- Dizziness, syncope
- Bilateral leg or foot ede
- Chest pain
- Isolated ® biceps or mi pain in females

Organ Pathology[177,178]

Cardiovascular

nusual fatigue
aw, chest, left arm pain
pular/thoracic pain
R, RR, temp
e
tions

- Peripheral edema
- Cold hands/feet
- ↓ peripheral pulse
- LE claudication
- Cyanotic nail beds
- Pulsing LBP = AAA

Pulmonary

with or without blood

DOE
ng of nails
ain
ing
when recumbent & ↓ on
d side

- Pain with deep inspirati
- ↓ O_2 saturation
- Signs of PE
  - Pleural pain
  - SOB
  - Rapid RR
  - Rapid HR
  - Coughing up blood

Hepatic

ain
loss
/LE edema
tunnel syndrome
al)
ittent pruritus
ess & fatigue
rine/clay-colored stools

- Pain referral to T-spine scapula, ® shoulder, ® trap, ® subscapular reg
- Jaundice, bruising, yell
- Asterixis (liver flap) = fl tremor—inability to mai wrist extension with for supported

Gastrointestinal

tric pain radiating to back
or dark, tarry stool
ncontinence or urgency
ney's point tenderness

- Nausea, vomiting, bloat
- Diarrhea or absence of mov't
- Food may help or aggr

3rd trimester of
ncy

- Fair skin tone
- Food: symptoms with f intake
- Family history
- Flatulence

Appendix

l onset of dull, cramping
inal pain
ain
as test
urator sign
urney's point

- Mild fever
- Nausea & vomiting
- Risk of rupture ↑ after 4 onset of symptoms

Renal

rphy's test
percussion over kidney
chills
in urine (hematuria)
or foul-smelling urine

- Painful or frequent urin
- Pain is constant (stones
- Back pain at the level o
- Costovertebral angle te

Prostate & Gynecological

0 yo
ty starting/stopping urine

e in frequency
ia
nence/dribbling
le PSA level >4 ng/mL
dysfunction

- Cyclic pain
- Abnormal bleeding
- Nausea, vomiting
- Vaginal discharge
- Chronic constipation
- Low BP (2° blood loss)
- Missed/irregular period

sks That May Aggravate & Incrimin Visceral Pathology[177,178]

cold air or exertion
gus = swallowing
ting
rward bending

- Pancreas = sitting up or forward
- Kidney = lean to affecte

ypoglycemia vs. Hyperglycemia[177,17

glucose <50–60 mg/dL
le, cool, diaphoretic
nted or agitated
he
speech
ardia

- Blood glucose >180 mg
- Skin dry & flushed
- Fruity breath odor
- Blurred vision, dizzines
- Weakness, cramping
- Nausea, vomiting
- Increased urination
- LOC/seizure

Asthmatic Response(s)[428]

ing, wheezing, substernal chest tightness
accessory muscles of respiration
bpm
ow <80% predicted or baseline value
n asthma attack, FEV_1 peak flow should ↑ by >15% wit
of using an inhaler. If this does not occur, seek emerg
l treatment.