

Cover page

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Date of original case: 2015-12-13

Date of most recent revision: 2015-12-13

Name of patient: Seymour Skinner

Learner's level of expertise: MS1 to CC4

What kind of case is this? PE/Hx combination

Anticipated length of case in minutes: 10 minute Hx for MS1, 10 minute Hx/Px for CC4

Patient's problem(s): Unilateral Leg pain

Case objectives: Adequately perform a focused history and physical exam for peripheral vascular disease, illicit the patient experience and impact of their symptoms

Key challenges: (MS2 and above) Patient will often give non-useful information and go off on tangents speaking about unrelated experiences, examinee must redirect and focus their history

Special casting requirements: None

Most likely diagnosis: Peripheral Arterial Disease

Differential diagnosis: (Claudication)

Arterial: atherosclerosis, intraluminal occlusion (embolism, rarely... thrombosis, dissection, tumor, etc.), vasculitis, vasospasm, drugs, fibrosis, trauma

Venous: DVT, thrombophlebitis

Neuropathic: spinal stenosis, peripheral neuropathy

Other: arthritis, compartment syndrome

Examination room set-up: Patient sitting/lying on stretcher

Data collection and marking notes:

- Simulated patient gives feedback (if not OSCE scenario)
- Examiner does marking, PEPs

STEM ASCM1:

You are a Family Physician in the middle of a busy clinic day at your office. It is 2pm. You are about to see Mr. Seymour Skinner, a 56 year-old male complaining of leg pain. Please perform a 10-minute history.

STEM ASCM2:

You are a Family Physician in the middle of a busy clinic day at your office. It is 2pm. You are about to see Mr. Seymour Skinner, a 56 year-old male complaining of leg pain. Please perform a 10-minute history and focused peripheral vascular exam of the lower extremities.

STEM iOSCE:

You are a Family Physician in the middle of a busy clinic day at your office. It is 2pm. You are about to see Mr. Seymour Skinner, a 56 year-old male complaining of leg pain. Please perform a 10-minute history and focused physical exam. Be prepared to answer post-exposure prompts regarding your differential diagnosis and management plan.

Instructions for actor

Current problem(s): Right Leg Pain

Communication challenge(s): (MS2 and above) You are *occasionally* very wordy and lengthy in your responses to questions posed by the examinee, even yes or no questions lead into stories or past experiences.

Occasionally go on tangents unless directed not to.

Age: 56

Setting: Family Physician's office

Proximal biomedical perspective

- List of problems
 - Right leg pain
- Sequence of events (OPQRST, triggers, associated symptoms, why now?, etc...)
 - You have been experiencing intermittent right calf pain with exertion for the past 3 months, but have decided to come into your doctor's office today because of a 2 week history of right calf pain every time you walk more than a block or flight of stairs. The pain has gradually been getting worse over the past 3 months, beginning with pain with walking about 4 blocks. You are otherwise healthy. This is significantly impairing your ability to complete tasks around the house and perform your work duties. After a reproducible amount of walking/stair climbing (1 block, 1 flight) you begin to notice pain, discomfort, and fatigue in your right lower leg muscles. You do not experience any pain or limitation between pain episodes. You have no other associated symptoms besides the pain. You are mainly concerned regarding the limitation to your activities (you enjoy playing with your nephews/nieces/grandchildren, are finding it difficult to play golf, you are a school principle and are having to take frequent breaks in walking, etc.). You have not noticed any fever, nausea, vomiting, diarrhea, or constitutional symptoms (weight loss, night sweats, etc.). You have not noticed any ulcers, paresthesias, swelling, hair loss, changes in temperature, or discoloration in your right leg. You do not have back, chest, or abdominal pain. You enjoy eating out 5-6 times a week with your wife at various restaurants.
- Details of symptoms or problems
 - Right leg pain: gradual onset, intermittent, reproducible, 6-7/10, dull/achy/cramping pain in the right calf. Minor radiation to the ankle and knee. Worse with exertion, better with any rest (i.e. does not specifically require position change), the period of rest required has not changed over the past 3 months. When you experience the pain, you usually sit down and rub your leg, the pain resolves within minutes. You find that changing positions, elevating the leg, etc. do not particularly help with the pain, it is the act of resting itself that you believe helps. There is no leg swelling.
- Pertinent risk factors or protective factors
 - Hypertension
 - Hyperlipidemia
 - Type 2 Diabetes Mellitus: diagnosis 10 years ago. Well controlled with diet/exercise/metformin. No documented microvascular (retinopathy, peripheral neuropathy, nephropathy) or macrovascular (MI, PVD, TIA/stroke) complications to date
 - No trauma
 - No previous PE/DVT
 - No DVT risk factors: i.e. no recent surgery, no malignancy, no DVT symptoms, no hemoptysis
 - No known CAD
 - No previous MI/angina
 - No previous CHF
 - No history of stress tests or cardiac catheterizations or ECHO
 - No connective tissue disease
 - No recent surgery

Distal biomedical perspective

Past Medical History

- *Previous operations: remote appendectomy and cholecystectomy (no complications from either)*
- *Previous hospitalizations: none besides surrounding your operations*
- *Hypertension, T2DM, and dyslipidemia well controlled on oral medications*

Medications including over the counter, herbal, oral contraceptive, etc..

- Altace (Ramipril), Crestor (Rosuvastatin), Glucophage (Metformin)
- You are unaware of your dosages
- You do not take any herbal medications
- You take a daily multivitamin (Centrum)

Medical Family History: Your mother and father both have “heart disease” both are still living and you are unaware of any issues regarding MI/ACS, PVD, PE/DVT, etc.

Smoking: You have never smoked

EtOH: 10-12 drinks / week socially

Proximal context

You are a 56 year old elementary school principal. You are married to your wife of 32 years (Edna), with two sons (twins, Rod and Todd, 28 years old, who have moved out). You very much enjoy your work as a principal but are finding your daily activities quite difficult to manage, now being limited in your mobility. Your wife is a teacher at your elementary school. You are financially stable. You do not require any help around the house, can independently complete your ADLs and iADLs, and you have an extensive social support system consisting of nearby friends and family. You live in a nice house near the school. You and your wife share a car. Both of your parents were teachers as well, you had a fulfilling and memorable childhood. You have had great experiences with the medical profession.

Patient’s perspective

- Ideas and thoughts
 - *You believe that you are having recurrent “leg cramps” and do not have any idea as to why this might be occurring*
 - *You broke your ankle 5 years ago after a particularly rough tumble and rolling your ankle playing squash, you believe this may be leading to your continued pain*
- Concerns
 - *You are mainly concerned regarding your ability to complete your daily leisure activities (golf and squash) and your work duties (patrolling the halls, walking from class to class during the day)*
 - *You are afraid you won’t be able to maintain your active lifestyle*
- Expectations
 - *You are hoping that you will be prescribed a medication that will stop the pain in your leg from occurring*
- Feelings
 - *You are mainly annoyed with your symptoms and would like to get back to your sports and leisure activities*

For information-gathering station

How to present the symptom(s) or problem(s)

How to start the consultation:

- Patient's exact words in response to interviewer's first open-ended question

- (MS2 and above) Be occasionally round-about and lengthy (“Well I’m a school principal, and I’ve noticed over the past while that my leg has been hurting, which was never an issue for either of my parents, you see they were teachers as well, which is part of the reason that I wanted to become a teacher, to educate the next generation just like my parents. But I’ve been having trouble with that now because I can’t walk as far, normally I can walk forever, you see I like to play lots of golf...”
- (MS1) Answer questions as they are asked, do not volunteer further information unless specifically asked
- What to divulge to screening questions
 - (MS2 and above) Answer these questions freely, and again, be occasionally lengthy and tangential, but always begin with a direct answer
 - (MS1) Answer questions as they are asked, do not volunteer further information unless specifically asked

Physical Exam

Vitals (given when examinee states will perform): 90HR, 110/60BP (equal in both arms), Temp 36.9, 99% RA, 14RR

CVS: normal s1s2, no s3s4, no murmurs, JVP 3cm ASA, no leg swelling/edema, no calf pain/tenderness, no asymmetric pulses

PVD:

- Observation: unremarkable (no ulcers, discoloration, varicose veins, etc.)
- Palpation: Temp (R < L), Pulses (dorsalis pedis, posterior tibial, popliteal; R < L), cap refill <2s
- Special tests: unremarkable

Resp: clear, equal air entry bilaterally, no adventitious sounds

Abdo: soft, non-tender; bowel sounds present in 4 quadrants, no bruits, no palpable AAA

Laboratory findings

Post Encounter Probe

ASCM1

What is your differential? What is your most likely diagnosis? Why?

ASCM2

What is your differential? What is your most likely diagnosis? Why?

iOSCE

What is the most likely diagnosis?

What investigations?

What treatment?

Ankle-Brachial Index is 0.8. How does this finding affect your management plan?

1. Kurtz S, Silverman J, Draper J. *Teaching and Learning Communications Skills in Medicine*. Vol Second Edi. London: Radcliffe Publishing; 2014.