

**DEPARTMENT OF MEDICINE  
DIVISION OF RHEUMATOLOGY**

**PROGRAM AND EDUCATIONAL OBJECTIVES FOR CLINICAL CLERKS**

**1. General Description**

Rheumatology is the sub-speciality of Internal Medicine that focuses on arthritis, collagen-vascular disorders, and musculoskeletal medicine. It deals with chronic diseases but there are also life-threatening emergency situations.

The Rheumatology selective is predominantly outpatient-based with a small number of in-patient admissions to the service. There is a regional consultation service in which clinical clerks may participate with residents and the staff rheumatologist of the week.

**2. Objectives**

The major emphasis in this *rotation* is on clinical skills and clinical assessment as follows:

- Acquisition/reinforcement of clinical skills in history taking, physical examination and evaluation of patients with musculoskeletal complaints.
- Understanding of the disease mechanisms and clinical sequelae of commonly-occurring rheumatological disease including; rheumatoid arthritis, osteoarthritis, seronegative spondylo-arthropathies, gout, systemic lupus, scleroderma, fibromyalgia, localized soft tissue rheumatism syndromes, back pain, musculoskeletal and articular sepsis and musculoskeletal manifestations of systemic diseases.
- Ability to apply medical skills to common rheumatological clinical presentations, including;
  - acute monoarthritis
  - symmetrical polyarthritis,
  - non-symmetrical polyarthritis,
  - polyarthralgia/polyarthritis with systemic complaints,
  - regional and generalised pain syndromes,
  - drug use and monitoring for adverse effects
  - assessment of chronic rheumatic disease including functional capacity,
  - appropriate follow-up for reassessment of sub-acute or chronic rheumatic or musculoskeletal disease
- Understanding the role of other medical and non-medical health professionals, especially in the long-term management in support of patients who have chronic rheumatic disease, including: orthopaedic surgery, physical medicine and rehabilitation, physiotherapy, occupational therapy, social work.

- Enhancement of medical skills and ambulatory care, including assessment of undifferentiated rheumatological complaints, review of medication use, patient education, monitoring and efficacy, communication with referring physicians and other health professionals.
- Understanding and application of commonly used laboratory investigations, including tests of acute-phase reactants, antinuclear antibodies, synovial fluid analysis, assessment of immunological function.

### **3. Personnel**

The Division of Rheumatology has about 38 members, some full-time university staff, some in community practice, with a range of differing academic and clinical special interests.

### **4. Structure**

Clinics are held at the Richmond Road Diagnostic and Treatment Centre (RRDTC), Main level. Clerks should aim to attend five or more half clinics a week. (Wednesday morning MSK Exam Teaching counts as 1 half clinic.)

### **5. Clinics**

Rheumatology is mostly an ambulatory discipline and the majority of clinical learning will occur in outpatient care and this will include:

- general history
- specific rheumatological/musculoskeletal/functional medical history
- general physical examination
- musculoskeletal physical examination, including GALS screening
- appropriate investigations
- medications and monitoring
- rehabilitation
- communication with patients and relatives
- communication with referring physicians
- judgment and timing of appropriate follow-up care

### **6. Reading**

Please review information on [rheuminfo.com](http://rheuminfo.com). Recommended reading is the Primer on the Rheumatic Diseases or the Rheumatology section of a major textbook in Internal medicine. Concentrate on the chapters on the major diseases such as rheumatoid arthritis, osteoarthritis, lupus, spondylitis, etc. Other reading suggestions include the Clinical Examiner's Book, the ABCs of Rheumatology and the Primer on the Musculoskeletal Examination.

## 7. Rounds

Divisional rounds are held 8:00 am to 10:00 am Wednesday mornings – Room TBA, Health Sciences Centre.

- The first 45 minutes will be structured around a topic presented by staff or sometimes a visitor and based on a curriculum.
- The second hour is an opportunity to debate recent patients, therapeutic issues and other aspects of rheumatological practice.

Generally, resident presentations of recent cases from the consultation service or from the clinics will take place in this second segment. When presenting cases, please consult with the relevant staff member so as to appropriately prepare your presentation.

## 8. Call

There is no expectation for call in Rheumatology.

## 9. Direction

Meet with Dr. Kaminska at the start of the rotation – Monday morning at 1000, RRDTTC Cafeteria or via Zoom. Check with her the week before [kelzbietaanna@gmail.com](mailto:kelzbietaanna@gmail.com). The objectives listed above will be the framework for discussion. If you can bring a laptop it may be helpful for referring to [rheuminfo.com](http://rheuminfo.com)

Please maintain a brief log of patients seen and objectives not accomplished. A template sheet will be provided to you.

## 10. Evaluation and Feedback

Evaluation is done by Dr. Kaminska on a consensus basis – notify her on the second Friday afternoon which staff physicians you worked with.

## 9. Appendices:

- GALS Screening Physical Examination
- Rotation Time-tables
- Staff List

## MODIFIED GALS SCREEN (Gait, Arms, Legs, Spine)

Screening Examination of the Musculoskeletal System: The GALS System  
(Doherty M, Dacre J, Dieppe, Snaith ML, Ann.Rheum. Dis. (1993) 51, 1165-9)

### Ask the patient:

**Have you any pain or stiffness in your muscles joints or back?**

**Have you ever had gout or arthritis?**

**Can you dress yourself completely without any difficulty?**

**Can you walk up and down stairs without any difficulty?**

#### EXAMINE

#### NORMAL

### Gait

Symmetry, smooth movement, arm swing, no pelvic tilt, normal stride length, ability to turn quickly

### Spine

a) Inspection

No scoliosis, symmetrical paraspinals, normal shoulder and gluteal muscle bulk & symmetry, level iliac crests, normal cervical and lumbar lordosis

b) Movement:

'Bend forward and touch toes'

Finger to floor distance less than 15cm, lumbar expansion >6cm

'Place your ear on your shoulder'

Ear touches acromion

### Arms

'Raise arms out sideways and up above your head'

180° elevation through abduction without wincing

'Touch the small of your back'

Touches above T10 with both hands

'Straighten your elbows right out'

Elbows extend to 0° or slightly beyond (females) symmetrically

'Place hands together as if to pray, with elbows right out'

90° wrist extension and straight fingers

'The same with hands back to back'

90° wrist flexion

'Place both hands out in front, palms down, fingers out straight'

No wrist/finger swelling/deformity, 90° pronation

MCP cross compression	No tenderness
'Turn hands over'	90° supination. No palmar swellings, wasting or erythema
'Make a fist and hide your nails'	Can hide fingernails
'Pinch index, middle finger and thumb together'	Can do
Lwatkins	Cal

### Legs

#### Standing:

Inspect front & back      No knee deformity, anterior or popliteal swelling, no muscle wasting, no hind foot swelling or deformity

#### Lying:

Flex hip and knee, holding knee      No bony crepitus, 140° knee flexion

Passively rotate hips      90° total pain free rotation

Bulge test/patellar tap      No detectable fluid

Palpate popliteal fossa      No swelling

Inspect feet      No deformity, callosities or forefoot widening (daylight sign)

Test subtalar and ankle movement      Pain free calcaneal mobility at STJ, dorsiflexion beyond plantigrade and 30° plantarflexion

### Record:

Pain      Dress      Walk

....      ....      ....

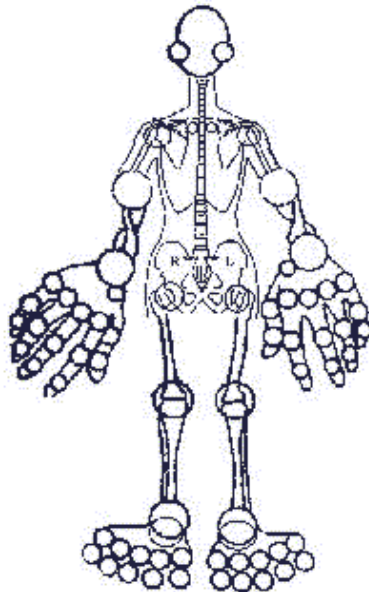
Gait ....

[R] [L]

Arms ... ..

Legs ... ..

Spine ...



## DIVISION OF RHEUMATOLOGY – GENERAL SCHEDULE OF CLINICS

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>AM</b>	<p><b>1000 - 1200 (REQUIRED)</b> <b>Meet with Dr. Kaminska</b> <b>@ RRDC Cafeteria or via</b> <b>Zoom</b></p> <p><b>am clinics:</b></p> <p>Dr. M. Jung Dr. S. Thomson Dr. O. Ziouzina Dr. C. Barber Dr. G. Hazlewood</p>	<p><b>am clinics:</b></p> <p>Dr. D. Mosher Dr. S. Barr Dr. E. Carter Dr. S. Thomson <b>Dr. E. Kaminska –</b> <b>Booked with SELECTIVE</b> <b>CLERK</b></p>	<p><b>0800-1000 (REQUIRED)</b> <b>Rheumatology Divisional</b> <b>Rounds</b> <b>Via Zoom–ask for meeting ID</b></p> <p><b>0800-0900</b> <b>Topic Rounds</b> <b>0900-1000</b> <b>Case Rounds</b></p> <p><b>1000 – MSK Exam Teaching</b> <b>Dr. Thomson (after Rounds)</b> <b>Via zoom or in clinic (ask for</b> <b>meeting ID)</b></p>	<p><b>am clinics:</b></p> <p>Dr. M. Barber Dr. S. Barr Dr. E. Kaminska Dr. D. Mosher Dr. A. Clarke (10-1600) Dr. M. Jung</p>	<p><b>am ultrasound clinic:</b> Dr. S. Barr</p> <p><b>am clinics:</b></p> <p>Dr. P. MacMullan Dr. E. Kaminska <b>Dr. S. Thomson –BOOKED</b> <b>WITH SELECTIVE CLERK</b></p>
<b>PM</b>	<p><b>pm clinics:</b></p> <p>Dr. P. MacMullan Dr. O. Ziouzina Dr. C. Barber Dr. G. Hazlewood Dr. M. Choi</p>	<p><b>pm clinics:</b></p> <p>Dr. M. Jung Dr. S. Barr Dr. E. Carter Dr. S. Thomson Dr. E. Kaminska</p>	<p><b>Academic Half-Day</b> <b>(Clerks &amp; IM Residents)</b></p> <p><b>pm clinics:</b></p> <p>Dr. S. Barr (Resident) Dr. E. Carter Dr. E. Kaminska (1100-1600) Dr. P. MacMullan Dr. A. Clarke (2<sup>nd</sup> &amp; 4<sup>th</sup> of mo) (1100-1630) Dr. M. Jung (1000-1600) Dr. M. Choi Dr. M. Barber (1100-1600)</p>	<p><b>pm clinics:</b></p> <p>Dr. A. Clarke (1000-1600) Dr. M. Barber Dr. M. Jung Dr. D. Mosher Dr. E. Kaminska</p>	<p><b>pm clinics:</b></p> <p>Dr. S. Thomson Fellows Continuity Clinics</p> <p><b>Subject to change</b></p>