

## ABSTRACTS: AAOMPT Conference, 2006 (Addendum)

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### DIFFERENTIAL DIAGNOSIS IN A PATIENT PRESENTING WITH BOTH SYSTEMIC AND NEUROMUSCULOSKELETAL PATHOLOGY

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**Purpose:** Patients presenting with multiple symptomatic areas can pose a diagnostic challenge for the physical therapist. Systemic pathology can mimic neuromusculoskeletal disorders, but the two can also present simultaneously, making the task of differentiating between the two an important skill for physical therapists that practice in either direct access or referral settings. The purpose of this resident's case problem is to describe the clinical reasoning process leading to a medical referral and subsequent intervention for a patient presenting with upper and lower back pain, bilateral upper and lower radicular pain, and abdominal pain. **Methods:** The patient was a 30 year-old female who was referred to physical therapy for upper and lower back pain. Following a detailed examination of pain areas, the patient had signs and symptoms consistent with a possible abdominal aortic aneurysm (AAA). She presented with pain in the central lumbar region, had a palpable

pulsating abdominal mass measuring 5 cm, described her abdominal pain as throbbing, and had increased pain with abdominal muscle contractions in a supine position. Although her young age and female gender made a diagnosis of AAA less likely, she did not relate any genitourinary, gastrointestinal, or cancer symptoms during the history that would explain her abdominal pain. She was referred to the emergency room where AAA was ruled out and she was further referred to the gynecology clinic for a suspected ectopic pregnancy and later to the general surgery clinic for suspected symptomatic cholelithiasis. **Results:** The patient went on to have a cholecystectomy which ultimately resolved her abdominal pains and reduced her other pain areas significantly. Although her systemic pathology had resolved, she still had mechanical musculoskeletal symptoms amenable to physical therapy intervention. Following re-evaluation and classification into a stabilization subgroup for low back pain, the patient received three treatments over a two-month period. At discharge, she was relatively symptom free and had achieved all functional rehabilitation goals. **Conclusion/Clinical Relevance:** This resident's case problem provides an opportunity to discuss the differential diagnosis and successful management of a patient who presented with both systemic and neuromusculoskeletal pathology.