



MSSBU OSCE PRACTICE

CASE 4_03_02

Station Vignette

You are a resident working at the Emergency Department. Jimmy Gill, a 39-year-old man has presented with a sore right wrist and forearm.

Jimmy tripped down the stairs and fell on an outstretched right hand onto tiles. He has 8/10 pain in his right wrist and forearm and is hesitant to move his right upper limb due to the pain. There is no paraesthesia. There was no head injury and his primary survey is clear.

He is right-handed. He has no past medical or surgical history and no allergies.

VITALS:

- **HR:** 90 bpm
- **BP:** 135/90 mmHg
- **RR:** 16
- **O₂ Sats:** 99% RA
- **Temp:** 37.5°C

TASK

You have a total of **6 minutes** to perform a relevant upper limb examination.

Do **NOT** perform a secondary survey.

At the end of the allotted time, you will have **3 minutes** to answer the examiner's questions.

Do **NOT** take a history.

PATIENT **INFORMATION**

You are Jimmy Gill, a 39-year-old male who has presented to the Emergency Department due to right wrist and forearm pain.

- On general inspection:
 - You are sitting up in bed in obvious pain
 - You are holding up your right arm with your left hand
 - You are hesitant to move your right arm due to the pain

- On palpation of the right upper limb:
 - No shoulder tenderness
 - No elbow tenderness
 - **Tenderness in distal 1/3 radius shaft**
 - **Tenderness all around right wrist, particularly around the radial + ulnar styloid**
 - No carpal or metacarpal or phalangeal or PIPJ or DIPJ tenderness
 - No anatomical snuffbox tenderness

- Movement of right upper limb:
 - ***All movements are restricted by pain*** → you are hesitant to move your right arm

- Gross sensation of right upper limb intact
- Left upper limb is all normal

EXAMINER QUESTIONS

1. Interpret the following X-rays

X-ray wrist (PA view)



X-ray wrist (lateral view)



2. What **management** would you like to do for this patient?

MARKING CRITERIA – CASE 4_03_02

Item	Criteria	Mark
Introduction	<input type="checkbox"/> Hand hygiene <input type="checkbox"/> Appropriate introduction	/ 2
General inspection	<input type="checkbox"/> Name, age and sex of patient <input type="checkbox"/> Orientation <input type="checkbox"/> Appropriate end-of-bedogram - Mentions any of the following- looks well/unwell, diaphoresis, body habitus, colour	/ 3
Vital signs	<input type="checkbox"/> Mentions that all vitals are within normal limits	/1
Inspection	Elbow: <input type="checkbox"/> At least 3 of the following: symmetry, swelling, deformity, scars, redness, bruising, rashes Hand and wrist: <input type="checkbox"/> At least 3 of the following: symmetry, swelling, deformity, scars, redness, bruising, rashes Shoulder: <input type="checkbox"/> At least 3 of the following: symmetry, swelling, deformity, scars, redness, bruising, rashes	/3
Palpation	- Elbow: <input type="checkbox"/> Temperature <input type="checkbox"/> Lateral and medial epicondyles <input type="checkbox"/> Olecranon <input type="checkbox"/> Radial head - Forearm: <input type="checkbox"/> Temperature <input type="checkbox"/> Palpates along radius and ulnar bone - Hand and wrist: <input type="checkbox"/> Radial + ulnar styloid <input type="checkbox"/> Anatomical snuffbox <input type="checkbox"/> Examines carpals, metacarpals, phalanges and relevant joints	/9
Movement	<i>Note that movements are not necessary to perform when suspecting an acute fracture. Students may offer to perform the movements. If students ask the SP to perform movements, direct the student to move on.</i> <input type="checkbox"/> Mentions that it is not necessary to perform shoulder / elbow / wrist / finger / thumb movements	/1
Neuro-vascular status of upper limb	<input type="checkbox"/> Radial pulses <input type="checkbox"/> Capillary refill +/- temperature <input type="checkbox"/> Gross sensation of upper limb- including radial, median and ulnar nerve distribution	/3
Contralateral upper limb	<input type="checkbox"/> Examines contralateral upper limb appropriately	/1
Other tests	<input type="checkbox"/> Tinel's sign	/1

Questions	<p>Xrays:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0.5 point- Confirms patient details including name and sex <input type="checkbox"/> 0.5 point- Confirms looking at X-rays of right wrist <input type="checkbox"/> 0.5 point- Confirms views (PA and lateral views) +/- assesses quality of film e.g. exposure (cortex, medulla and soft tissues should be seen) <input type="checkbox"/> 1 point- Identifies site of fracture- radius shaft # (likely distal third of radius) <ul style="list-style-type: none"> <input type="checkbox"/> 0.5 point- Extra-articular # <input type="checkbox"/> 0.5 point- Completeness- complete # <input type="checkbox"/> 0.5 point- Direction- transverse # (accept oblique) <input type="checkbox"/> 0.5 point- Unstable # <input type="checkbox"/> 0.5 point- Closed # <input type="checkbox"/> 0.5 point- Volar displacement <input type="checkbox"/> 0.5 point- Dorsal angulation <input type="checkbox"/> 1 point- Identifies radioulnar dislocation (accept widening of radioulnar joint) <input type="checkbox"/> 1 point- Diagnoses Galeazzi fracture <p>Management :</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0.5 point- Analgesia <input type="checkbox"/> 0.5 point- Orthopaedic consult and/or surgery <ul style="list-style-type: none"> ▪ Student does not have to mention specific type of surgery ▪ NB: Galeazzi fractures are unstable → will require ORIF and reduction +stabilisation of distal radio-ulnar joint <p>https://www.orthobullets.com/trauma/1029/galeazzi-fractures</p>	/9
Global score	<p>Overall impression of candidate based on warmth, structure and competence:</p> <p>1 = fail 2 = borderline 3 = pass/expected 4 = good 5 = excellent</p>	/5
	Total	/38

CT reference:

https://radiopaedia.org/cases/97432/studies/117613?lang=gb&referrer=%2Farticles%2Fgaleazzi-fracture-dislocation%3Flang%3Dgb%23image_list_item_57195315#findings