

# Pathoanatomy vs Psychosocial– Back to the Future?

With Dr Mark Laslett, Dr Angela Cadogan & Flavio Bonnet

On the 18<sup>th</sup> March 2019, Dr Mark Laslett and I were involved in a live social media discussion about the relationship between patho-anatomic diagnosis and psychosocial factors hosted by Flavio Bonnet from the [Agence EBP](#).

We streamed live on Facebook, Twitter and Instagram (in English) from Christchurch, New Zealand. The event was viewed by more than 7,500 people from around the world.

We discussed four main topics. In this series I have provided a summary of the transcript for each topic.



1. Is it possible to make a diagnosis?
2. Does the pathoanatomic approach ignore the psychosocial aspect of the pain experience?
3. What do you say to colleagues who say that diagnosis does not change treatment?
4. How does imaging relate to diagnosis?

Link to video on Twitter: [https://twitter.com/marklaslett\\_NZ/status/1107733389300240384](https://twitter.com/marklaslett_NZ/status/1107733389300240384)

## PART 1: Is it possible to make a diagnosis?

- [What is a diagnosis?](#)
- [Is it possible to make a diagnosis of low back pain and shoulder pain?](#)

### SUMMARY:

- *Diagnosis is a 3-part process that includes identification of the source, cause and modifiers of pain.*
- *Screening to exclude conditions for which different management is required is an important part of the diagnostic process. It is just as important to know what the patient 'hasn't' got.*
- *It is important that all members of the primary health care team speak a common diagnostic language and use agreed, evidence-informed management pathways.*
- **Lumbar spine:** *for some patients a specific diagnosis is possible. But you don't always need a specific diagnosis.*
- **Shoulder:** *In most cases a specific diagnosis is not possible using clinical tests alone. A staged approach is best, using clinical classification, followed by imaging if required.*



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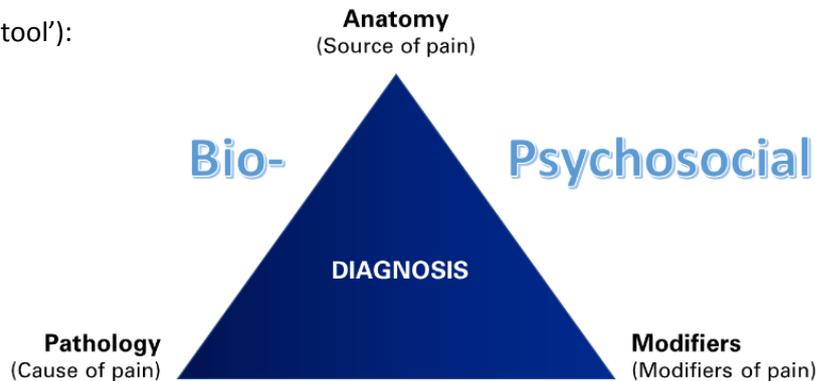
# PART 1. Is it possible to make a diagnosis?

## 1.1 What is a diagnosis?

*Dr Mark Laslett:*

**Diagnosis has 3 parts** (like a '3-legged stool'):

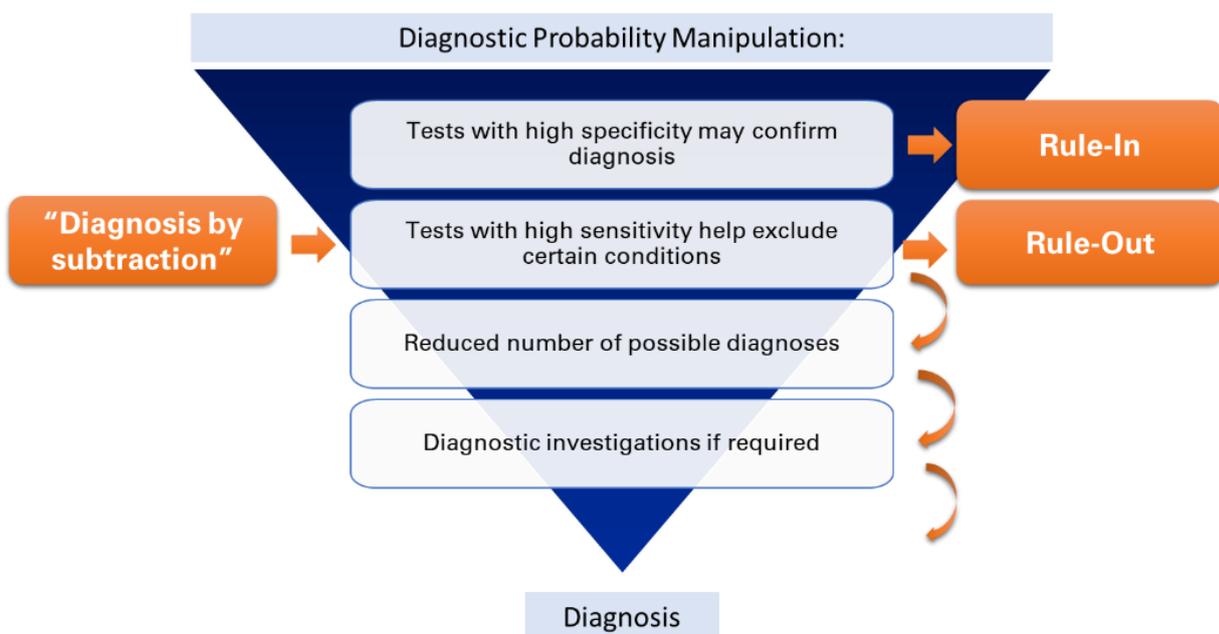
- Source of pain
- Cause of pain
- Modifiers of pain



- You will notice this has similarities to the “Biological – Physiological -Psychosocial” model of care.

**Diagnosis is a process of probability manipulation:**

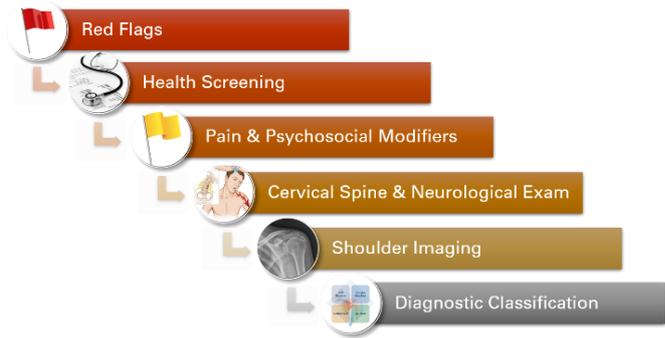
- If tests exist with high specificity, you may be able to make a positive diagnosis early.
- If not, you must follow a ‘**diagnosis by subtraction**’ approach, systematically ruling-out (excluding) specific conditions.
- This will progressively narrow down the number of possible diagnoses.
- To do this you must know what patho-anatomic diagnoses are even possible.
- At this point, imaging or other diagnostic procedures such as guided diagnostic injections may be required to help confirm specific diagnoses.



*Dr Angela Cadogan:*

**Diagnosis is a process that aims to get the “right patient to the right place at the right time”.**

- An important part of the diagnostic process is to exclude serious medical conditions, or conditions that required different management. It is just as important to know what the patient "hasn't" got.
- We need a common language and diagnostic framework within- and between professions to facilitate patient access to the appropriate, guideline-based treatment pathways.



## 1.2 Is it possible to make a diagnosis?

*Dr Mark Laslett:*

**Yes, it is possible to make a diagnosis of low back pain in many cases, BUT you don't always need to.**

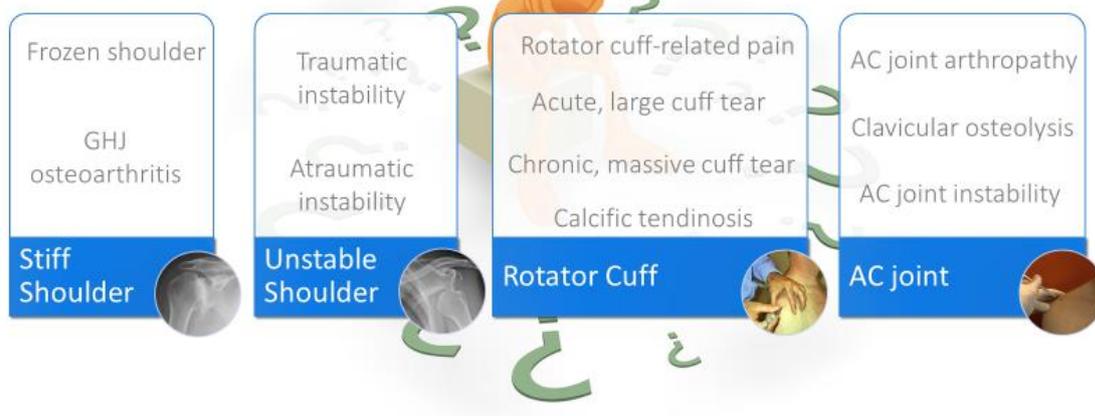
- Acute low back pain can be managed with guideline-based treatment without the need for a specific diagnosis in many cases.
- However, if the condition becomes chronic, diagnosis becomes important to guide specific management for specific conditions.

*Dr Angela Cadogan:*

**A specific, pathoanatomic diagnosis of specific shoulder pathologies is not possible in most cases due to the lack of specificity of our clinical tests.**

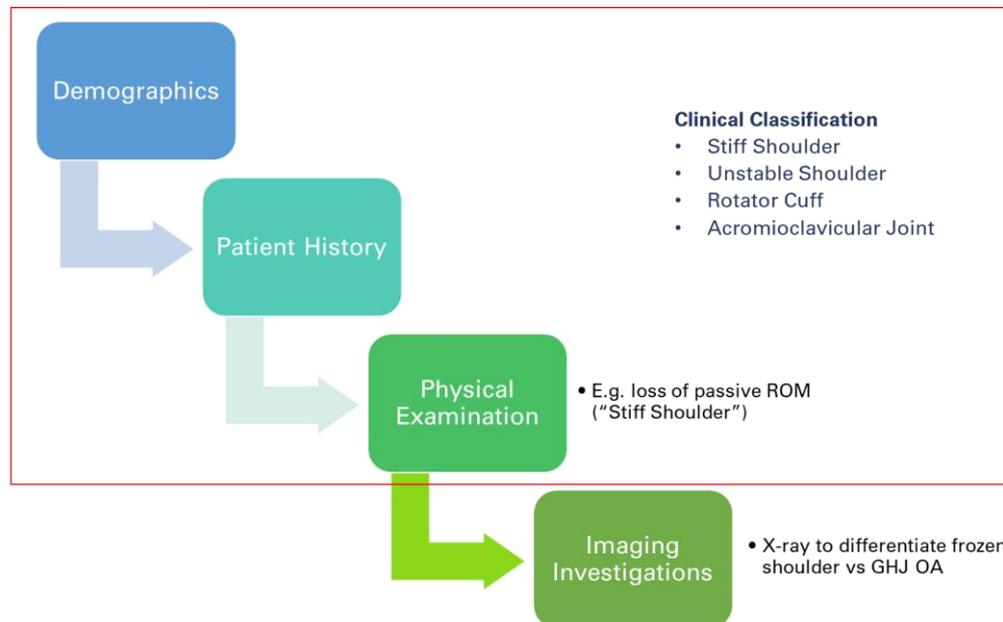
- However, using patient history, & basic ROM and resisted tests, it is possible to make a clinical classification of shoulder conditions that helps guide management:

## Shoulder Diagnostic Classification in Primary Care



### Diagnosis is a staged approach:

- Clinical classification comes FIRST (see above) and is based on combinations of patient demographics, history and physical examination.
- Further investigation is appropriate **only** if it will alter management/prognosis. E.g.
  - Red flags
  - Significant trauma
  - Severe, or undiagnosed pain
  - Failure to respond to appropriate treatment



**There are some patients for whom you will never make a clear, specific diagnosis and that's OK, if you have excluded all the important conditions.**

- For patients without a specific diagnosis, symptom-based treatment approaches are appropriate.