
Table 3. PARTS acronym

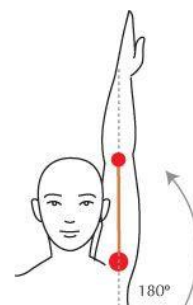
P – Pain/tenderness

A – Asymmetry/alignment

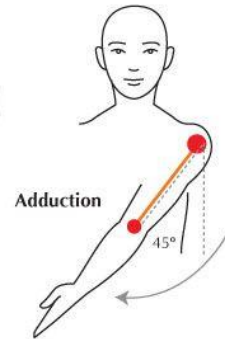
R – Range of motion abnormality

T – Tone/texture/temperature of soft tissues

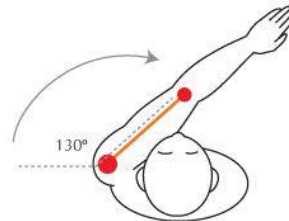
S – Special tests



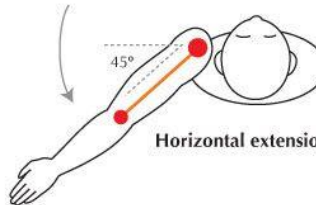
Abduction
(Bringing up the arm sideways)



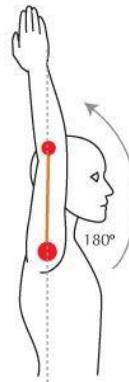
Adduction



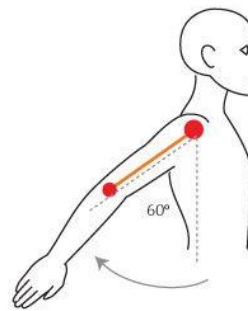
Horizontal flexion
(Swinging the arm horizontally)



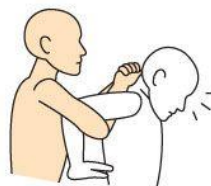
Horizontal extension



Vertical flexion



Vertical extension



Shoulder lock

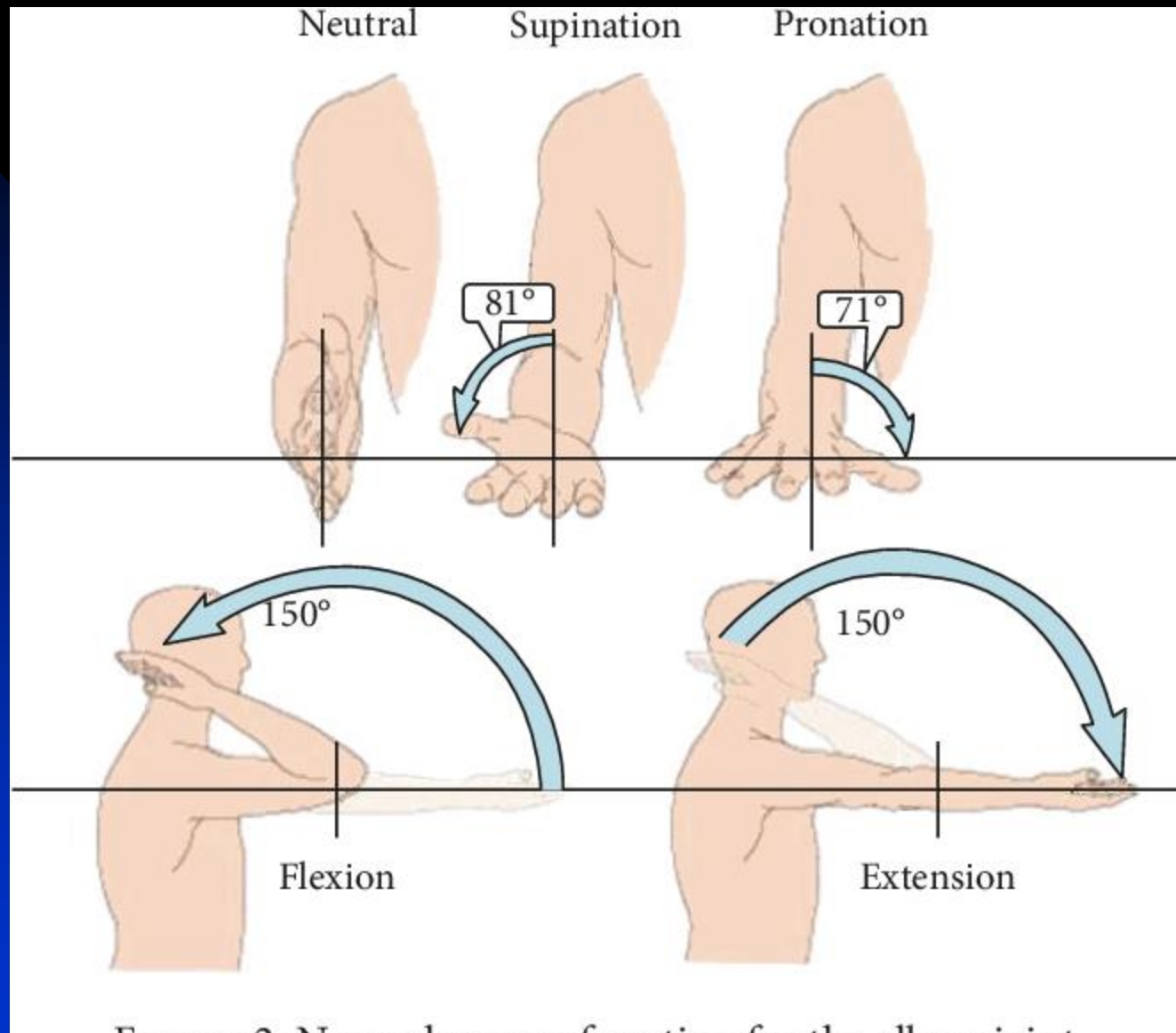
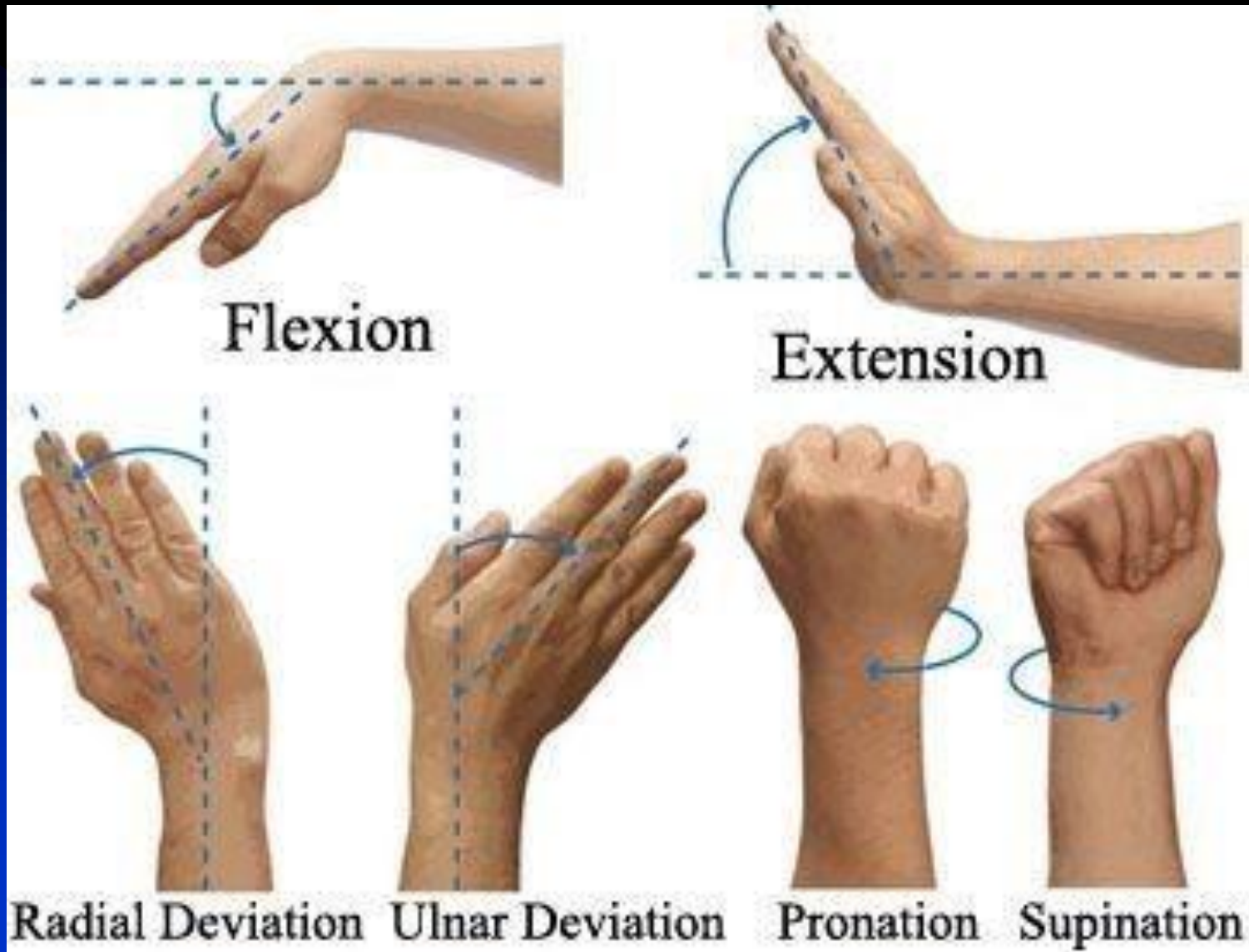


Figure 2. Normal range of motion for the elbow joint.



Right Wrist:

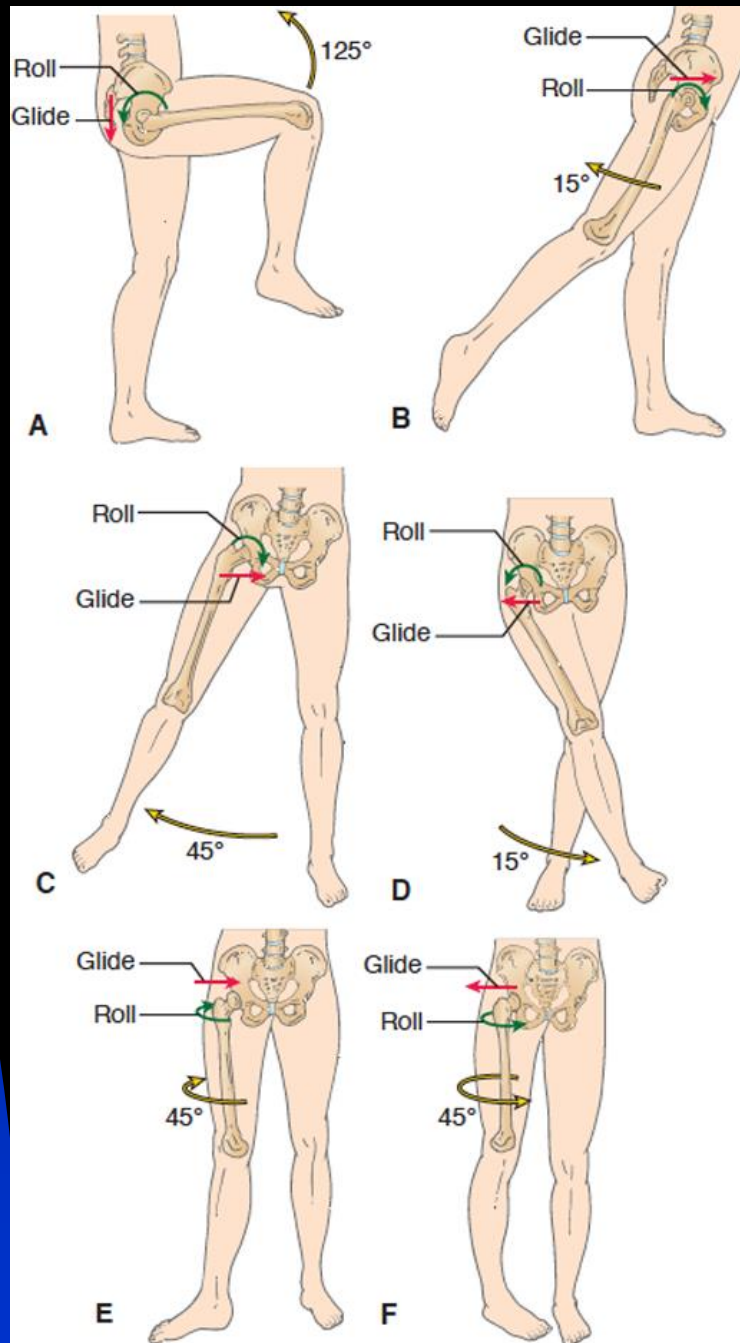
PASS

(barely)

Left Wrist:

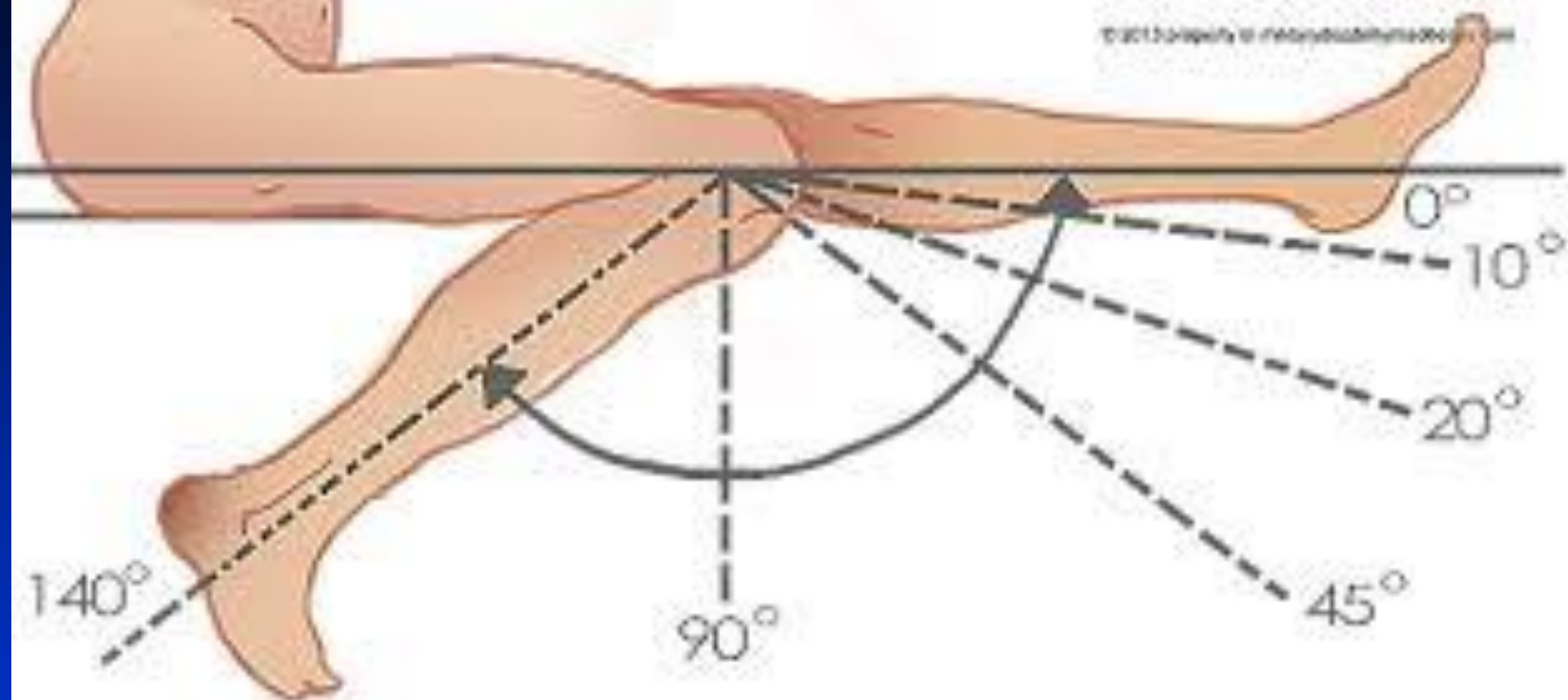
FAIL

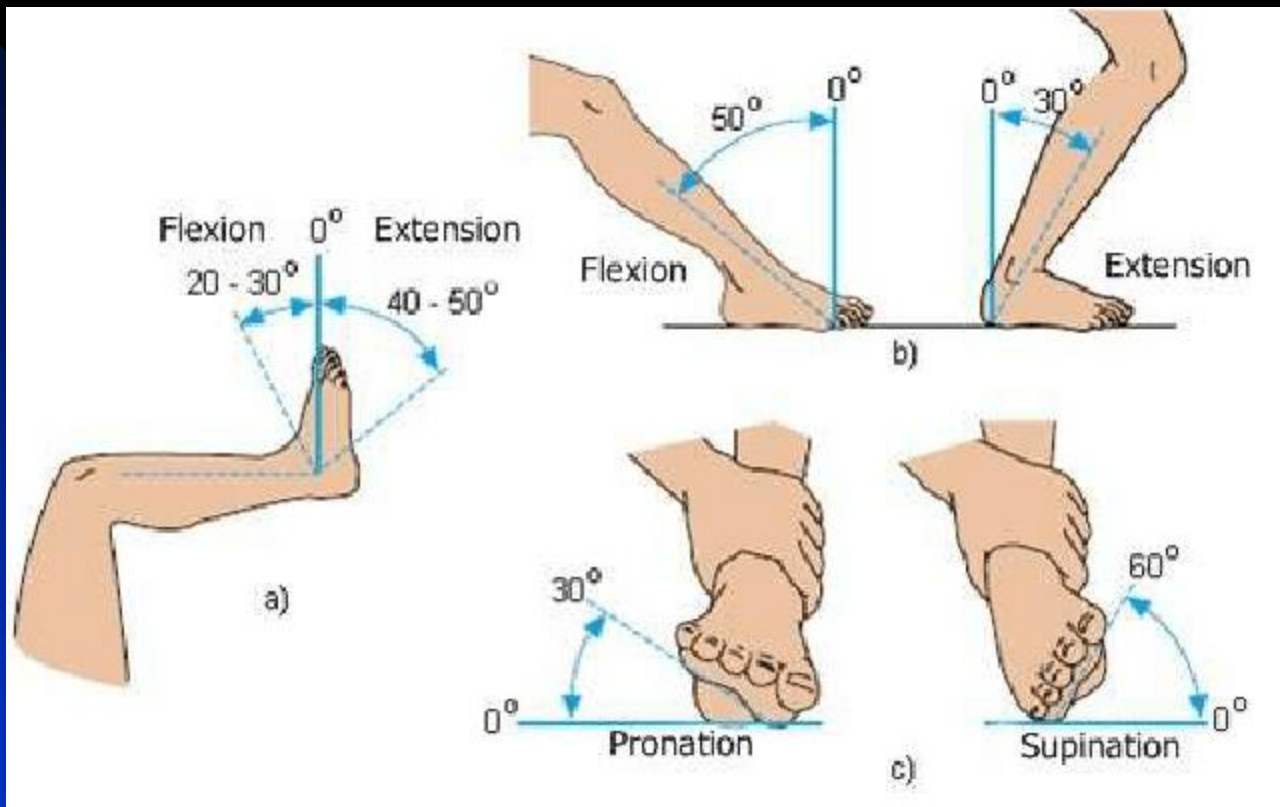




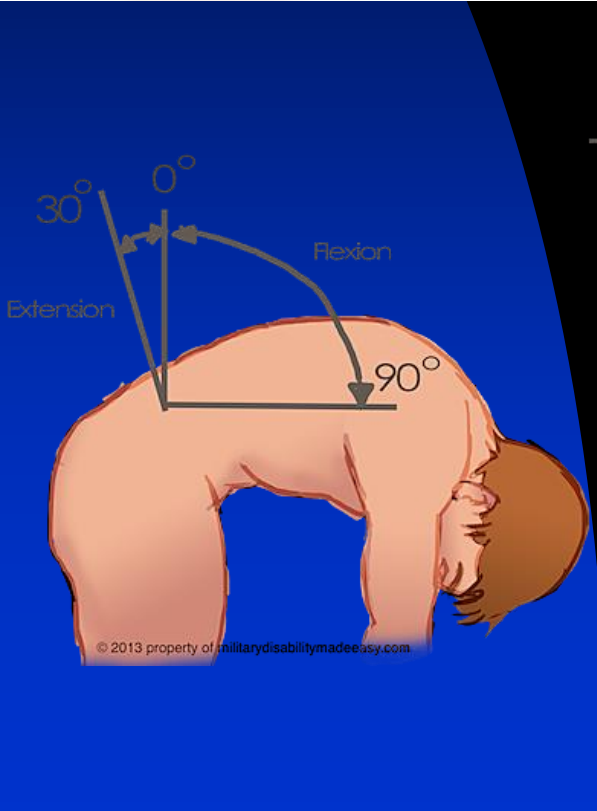
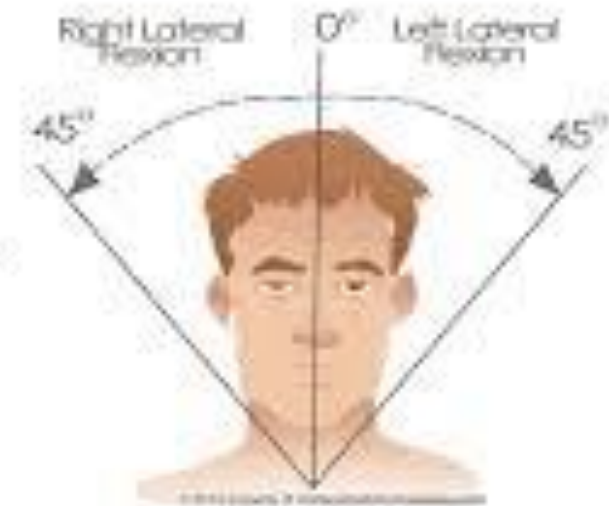
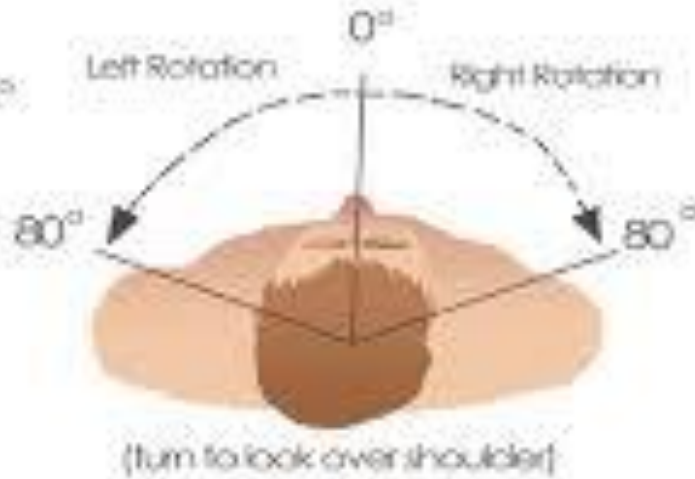
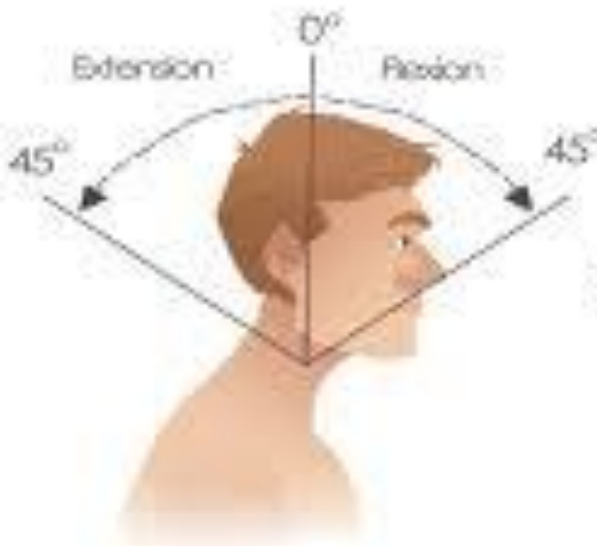
Knee Flexion

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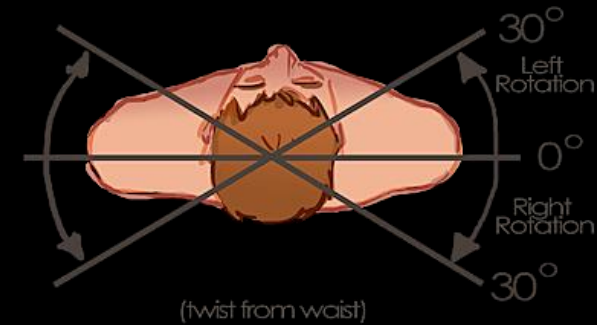
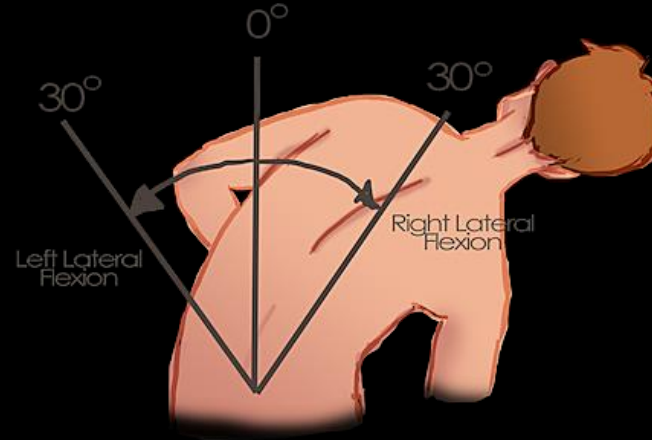




Cervical Spine



Thoracolumbar Spine



Caz clinic 1

Pacient în vârstă de 69 ani se prezintă la consultul reumatologic pentru gonalgie dreaptă (pe fața anterointernă a genunchiului).

Examenul obiectiv al genunchiului drept nu a evidențiat durere la palparea interliniului articular, nici la mobilizarea articulației, mobilizare neînsoțită de crepitații.

Examenul obiectiv al articulației coxofemorale (testul F.AB.E.RE – flexie, abducție, extensie, rotație externă) a fost pozitiv.

Radiografia coxo-femurală a confirmat diagnosticul de coxatroză.



Caz clinic 2

Pacientă în vârstă de 62 ani se internează pentru febră, erupție cutanată de culoare roșie-violacee cu localizare deasupra articulațiilor MCF, slăbiciune musculară proximală.

Obiectiv: erupție cutanată roșie-violacee deasupra articulațiilor MCF, IFP, eritem periunghial (fig. 2, 3), forță musculară grad 3/5, splenomegalie (+ 3 cm sub rebordul costal).



Paraclinic:

VSH 55 mm/h, fibrinogen 639 mg/dl, proteina C reactivă 12 mg/l

CPK 2190 u/l (VN < 211 u/l), LDH 1700 u/l (VN < 246 u/l), AST 289 u/l (VN < 56 u/l)

EMG: traseu cu descărcări spontane, unde hipovoltate, pattern de recrutare crescut

Capilaroscopie periunghială: densitate capilară 10/mm, megacapilare, tortuozitate, anse capilare ramificate



Diagnostic de etapă: Dermatomiozită idiopatică primară

Tomografie computerizată: Mase adenopatice mediastinale, retroperitoneale, în hilul hepatic, splenomegalie.

Biopsie ganglionară: Limfom non-hodkinian

Diagnostic final:

Dermatomiozită paraneoplazică. Limfom malign nonhodgkinian