

An understanding of the precautions and contraindications allows the therapist to determine the extent of their physical examination and identify any constraints to treatment and management (O'Hare, 2017). Miss Foster's description of worsening symptoms can be a sign of a serious pathology (Weiss, 2016) but there is no indication of constant pain, unexplained weight loss or malignancy in the subjective history, so physiotherapy is not contraindicated (Wong, 2017). The patient's sister has been diagnosed with rheumatoid arthritis (RA), which has a strong familial link (Ahmed et al., 2018). RA carries precautions to treatment, including avoiding accessory movements (Wong, 2017). Therefore, this condition must be cleared in the physical examination by observing and palpating the patient's joints, identifying any swollen, hot and tender areas (Ruas et al., 2014). As the cervical spine is being assessed, it is important that the therapist has appropriately considered risks of manual therapy to this region. This is in part considered by asking the 5 D's and 3 N's of Conan, as these questions allow the therapist to assess for symptoms which have classically been linked to hind brain ischaemia and identify those who would not be appropriate for physiotherapy intervention (Lago et al., 2017). Establishing the patient's severity and irritability will lead to an appreciation of how much physical examination will be tolerated (Bailey et al., 2016). Miss Foster P(A) presents with moderate intensity of symptoms, scoring 6/10 VAS and high irritability, as pain comes on immediately and eases after 5 minutes. Therefore, the therapist should take symptoms to the onset of pain (Wong, 2017).