

Case 5:

Background: Olivia is a 35-year-old female who works as a professional violinist in a symphony orchestra. She practices for several hours daily and performs in concerts weekly. Olivia is married, has no children, and lives in an urban apartment.

Suffering: Olivia's chief complaint is right wrist and forearm pain, which has been present for the past 2 months and is gradually worsening. She rates the pain as 6/10 on the Numeric Rating Scale (NRS) during violin practice and performances. The pain is located on the dorsal aspect of her right wrist and extends up her forearm.

Reports: Olivia reports difficulty maintaining proper bow technique during long practice sessions and performances. She experiences increased pain and fatigue in her right arm, particularly during challenging pieces that require rapid and repetitive movements. The pain has begun to affect the quality of her performances and her ability to practice for extended periods.

Report Details: The pain is described as a burning sensation that becomes sharp with certain wrist movements, particularly extension and ulnar deviation. Olivia notes that the pain worsens with prolonged playing, especially during technically demanding pieces. She finds some relief through rest, ice application, and gentle stretching. Olivia mentions occasional numbness and tingling in her right thumb and index finger.

Historical Data: Olivia has a history of mild shoulder tension, which she manages through regular massage therapy. She has no previous wrist or arm injuries and no significant medical conditions. Olivia is a non-smoker, rarely consumes alcohol, and follows a vegetarian diet. She practices yoga twice a week for general fitness and stress relief.

Correct Approach: A thorough assessment should begin with a detailed subjective examination, followed by an objective examination. This should include wrist and forearm range of motion testing, strength testing of the wrist and hand muscles, and special tests for carpal tunnel syndrome and de Quervain's tenosynovitis. The physiotherapist should perform palpation of the wrist, hand, and forearm structures, conduct a postural assessment, and carry out a functional assessment of violin playing technique. Examination of the cervical spine and shoulder should also be included to rule out referred pain or contributing factors.

Diagnosis: The primary diagnosis based on the presented information is likely right wrist tendinopathy, possibly affecting the extensor carpi ulnaris tendon. Secondary diagnoses to consider include carpal tunnel syndrome and cervical radiculopathy. These diagnoses would need to be confirmed through the physical examination and possibly imaging or nerve conduction studies if deemed necessary.