RESULTS

All studies groups:

- The prevalence of rheumatic diseases was demonstrated in table (1).
- Sex distribution in relation to age group table (2).
- Mean age prevalence rate of rheumatic disease was demonstrated in table (3).
- Sex distribution in relation to the studied groups was demonstrated in table (4).

Group I : RA

- The relation between the prevalence of RA and age was demonstrated in table (5).The relation between the prevalence of RA and sex was demonstrated in table (6).
- Duration of disease in examined case was demonstrated in table (7).
- Percentage incidence of initial involvement of different joints in table (8). The percentage incidence of Initial involvement of different joints was as follows : joints of the hand (MCP's and PIP's) 35.7% followed by wrist 21.4%, knees 14.3%, polyarticular 21.4 then elbow 7.1%.
- The presence of deformities in the examined cases was demonstrated in table (9).
- The presence of subcutaneous nodules in examined cases in table (10). The table shows that 14% of the cases has subcutaneous nodules.
- Rheumatoid factor in examined cases in table (11). The table shows that 57% of the examined cases were seropositive while 43% were seronegative.
- The result of X-ray examination of the hand table (12).

Group II :

- The results of OA were tabulated from table (13) to table (18).
- The peak age of onset of OA was illustrated in table (13).
- The relation between the prevalence of OA and sex was demonstrated in table (14).
- The relation between weight and the prevalence of OA was demonstrated in table (15).
- The most joint affected, percentage and female to male ratio were also demonstrated in table (16) that give a good idea about the most involved joint by OA which was the knee joint and the least joint involved was the shoulder.
- The pattern of hand affection by OA was classified in table (17).
- The clinical presentation of knee joint were tabulated in table (18), joint crepitus was the most sign evoked followed by ligament abnormality and effusion.

Group III (lumbar and cervical spondylosis):

- Age group among cervical spondylosis patients was demonstrated in table (19).
- Sex distribution among cervical spondylosis was demonstrated in table (20).
- Clinical finding in patients with cervical spondlyosis was demonstrated in table (21) which show high incidence of numbers and parathesia 49.4% followed by cervical pain 27.9% then limition of movement 22.7%.

- Radiological finding among cases with cervical spondlyosis was demonstrated in table (22).
- Number and percentage of cases present with sensory root changes was demonstrated in table (23).
- Number and percentage of cases present with motor root changes demonstrated in table (24).
- Age group among cases with lumbar spondlyosis was demonstrated in table (25)
- Sex distribution among cases with lumber sponlylosis was demonstrated in table (26).
- .Relation between the body wt. And lumbar spondylosis was demonstrated in table (27).
- Clinical finding among patients with lumbar spondylosis in table (28).
- The number and percentage of radiological finding among patients with lumbar spondlyosis in table (29).

Group IV (soft tissue rheumatism):

Bursitis, tendinitis, enthesopathies and carpal tunnel syndrome were the types of soft tissue rheumatism found in our study.

- Number and percentage of cases among age groups in patients with soft tissue disease. table (30).
- Sex distribution among patients with soft tissue rheumatism table (31).
- Different occupations in patients with soft tissue diseases table (32) which show that high prevalence of soft tissue among manual workers.
- Different clinical finding among patients with soft tissue disease table (33).

Results of All studied groups

Table (1): The prevalence of rheumatic diseases in relation to the general population.

Group	N	Percent %
RA	14	0.2 %
OA	269	5.6%
Cervical	172	3.5%
Lumbar	100	2.1%
Soft t issue rheumatism	214	4.4%
Total	769	16.6%

RESULTS

All studies groups:

- The prevalence of rheumatic diseases was demonstrated in table (1).
- Sex distribution in relation to age group table (2).
- Mean age prevalence rate of rheumatic disease was demonstrated in table (3).
- Sex distribution in relation to the studied groups was demonstrated in table (4).

Group I : RA

- The relation between the prevalence of RA and age was demonstrated in table (5).The relation between the prevalence of RA and sex was demonstrated in table (6).
- Duration of disease in examined case was demonstrated in table (7).
- Percentage incidence of initial involvement of different joints in table (8). The percentage incidence of Initial involvement of different joints was as follows : joints of the hand (MCP's and PIP's) 35.7% followed by wrist 21.4%, knees 14.3%, polyarticular 21.4 then elbow 7.1%.
- The presence of deformities in the examined cases was demonstrated in table (9).
- The presence of subcutaneous nodules in examined cases in table (10). The table shows that 14% of the cases has subcutaneous nodules.
- Rheumatoid factor in examined cases in table (11). The table shows that 57% of the examined cases were seropositive while 43% were seronegative.
- The result of X-ray examination of the hand table (12).

Group II :

- The results of OA were tabulated from table (13) to table (18).
- The peak age of onset of OA was illustrated in table (13).
- The relation between the prevalence of OA and sex was demonstrated in table (14).
- The relation between weight and the prevalence of OA was demonstrated in table (15).
- The most joint affected, percentage and female to male ratio were also demonstrated in table (16) that give a good idea about the most involved joint by OA which was the knee joint and the least joint involved was the shoulder.
- The pattern of hand affection by OA was classified in table (17).
- The clinical presentation of knee joint were tabulated in table (18), joint crepitus was the most sign evoked followed by ligament abnormality and effusion.

Group III (lumbar and cervical spondylosis):

- Age group among cervical spondylosis patients was demonstrated in table (19).
- Sex distribution among cervical spondylosis was demonstrated in table (20).
- Clinical finding in patients with cervical spondlyosis was demonstrated in table (21) which show high incidence of numbers and parathesia 49.4% followed by cervical pain 27.9% then limition of movement 22.7%.

- Radiological finding among cases with cervical spondlyosis was demonstrated in table (22).
- Number and percentage of cases present with sensory root changes was demonstrated in table (23).
- Number and percentage of cases present with motor root changes demonstrated in table (24).
- Age group among cases with lumbar spondlyosis was demonstrated in table (25)
- Sex distribution among cases with lumber sponlylosis was demonstrated in table (26).
- .Relation between the body wt. And lumbar spondylosis was demonstrated in table (27).
- Clinical finding among patients with lumbar spondylosis in table (28).
- The number and percentage of radiological finding among patients with lumbar spondlyosis in table (29).

Group IV (soft tissue rheumatism):

Bursitis, tendinitis, enthesopathies and carpal tunnel syndrome were the types of soft tissue rheumatism found in our study.

- Number and percentage of cases among age groups in patients with soft tissue disease. table (30).
- Sex distribution among patients with soft tissue rheumatism table (31).
- Different occupations in patients with soft tissue diseases table (32) which show that high prevalence of soft tissue among manual workers.
- Different clinical finding among patients with soft tissue disease table (33).

Results of All studied groups

Table (1): The prevalence of rheumatic diseases in relation to the general population.

Group	N	Percent %
RA	14	0.2 %
OA	269	5.6%
Cervical	172	3.5%
Lumbar	100	2.1%
Soft t issue rheumatism	214	4.4%
Total	769	16.6%

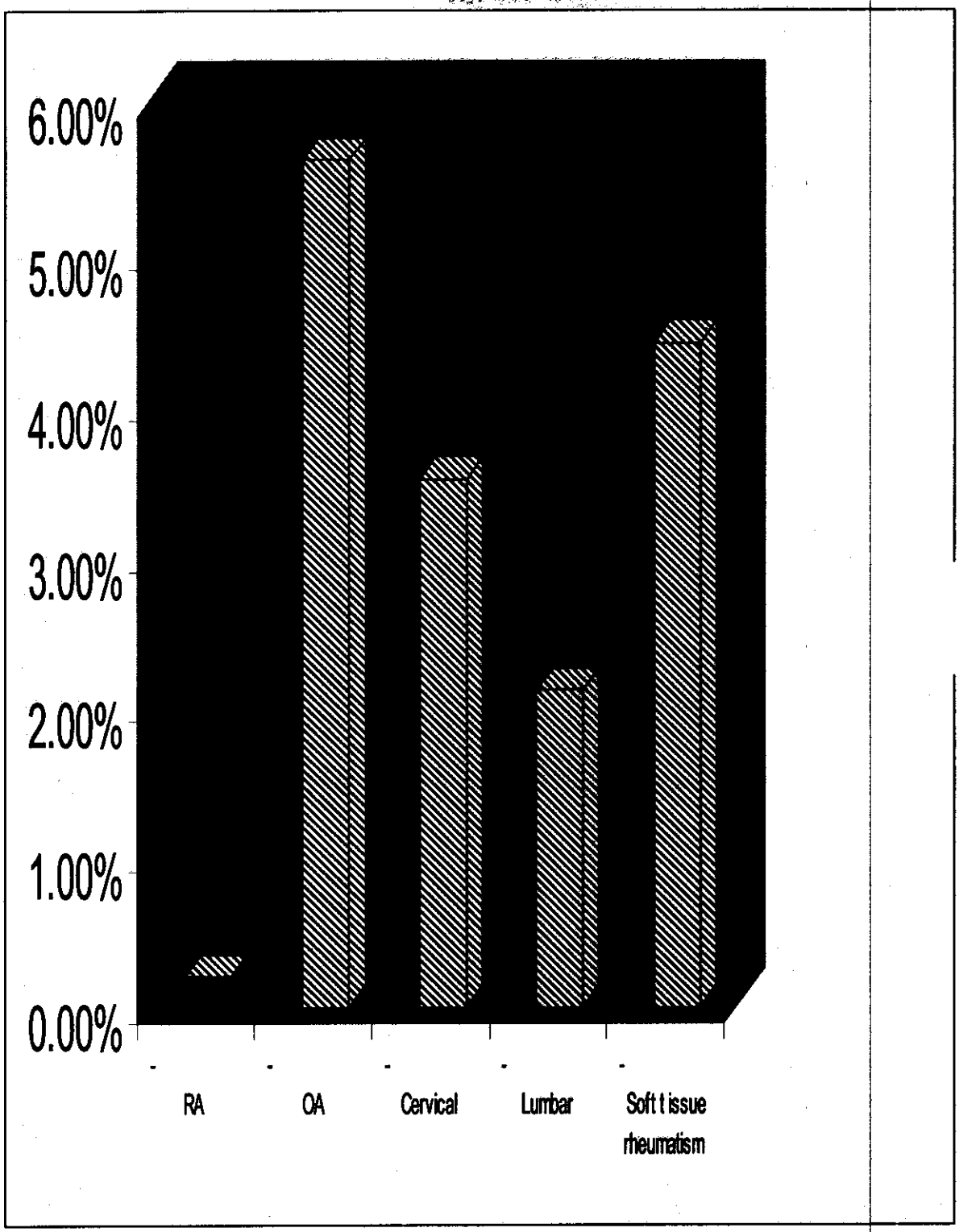

6.00%
5.00%
4.00%
3.00%
2.00%
1.00%
0.00%
RA
OA
Cervical
Lumbar
Soft t issue rheumatism

Table (2) : Sex distribution in relation to age groups

Age group		Sex		Total	Chi –square	P value
		Female	Male			
15 –24	n.	18	14	32	20.5	0.002
	%	56.3%	43.8%	100.0%		
25 – 34	n.	29	28	57		
	%	50.9%	49.1%	100.0%		
35 – 44	n.	82	82	164		
	%	50.0%	50.0%	100.0%		
45 – 54	n.	123	88	211		
	%	58.3%	41.7%	100.0%		
55 – 64	n.	63	85	148		
	%	42.6%	57.4%	100.0%		
65 – 74	n.	44	78	122		
	%	36.1%	63.9%	100.0%		
> 75 -	n.	13	22	35		
	%	37.1%	62.9%	100.0%		
Total	n.	372	397	769		
	%	48.4%	51.6%	100.0%		

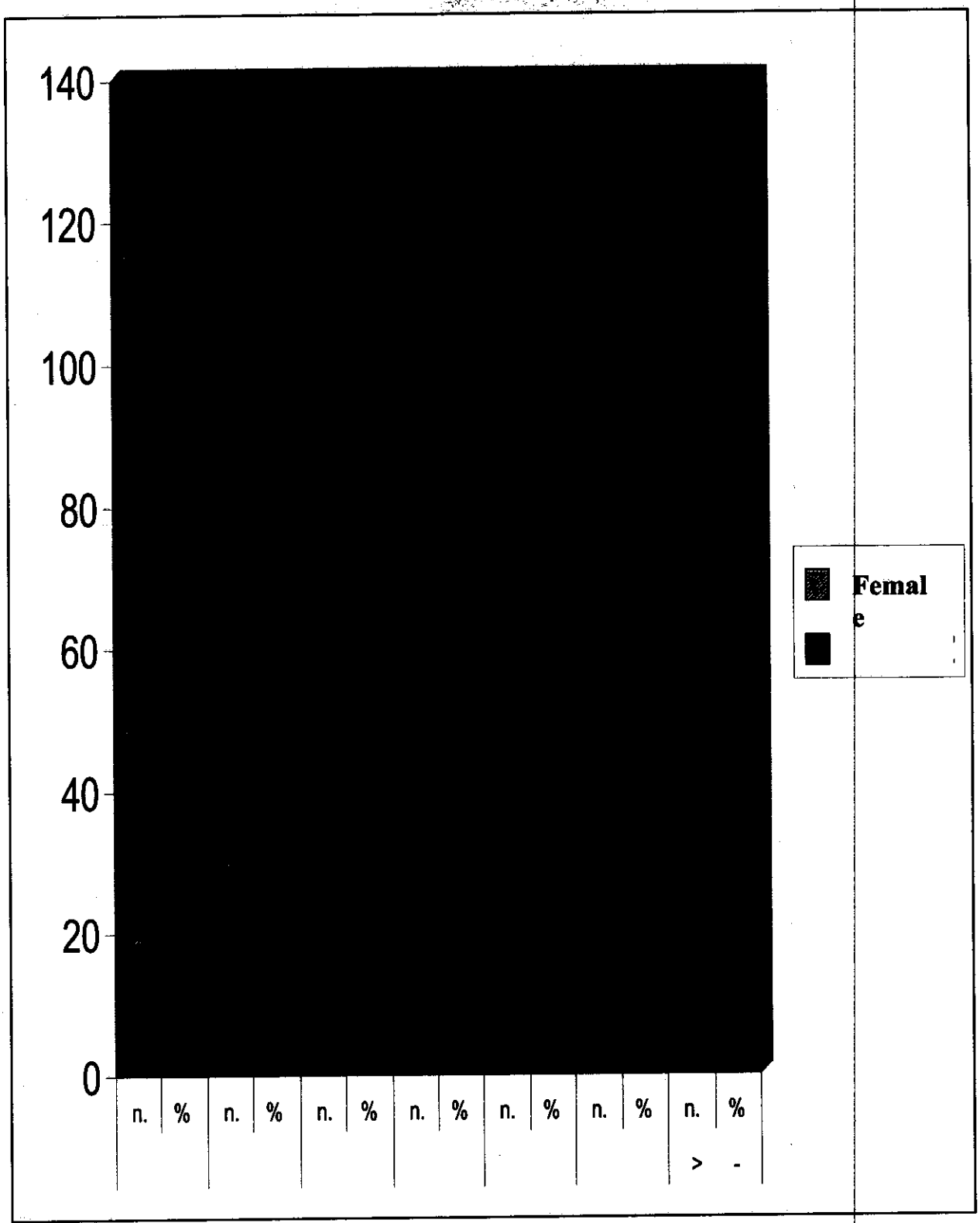

140
120
100
80
60
40
20
0
n.
%
n.
%
n.
%
n.
%
n.
%
n.
%
n.
%
>
-
Femal
e

Table (3) : Mean age and ± SD, in the studied groups .

Groups	Number of cases	Mean ± Std. Deviation	ANOVA	
			F	P value
Osteoarthritis	269	50.8 ± 14.2	7.4	< 0.001
Cervical spondylosis	172	52.6 ± 13.4		
Lumbar spondylosis	100	53.8 ± 12		
Rheumatoid arthritis	14	36.3 ± 10.6		
Soft tissue Rheumatism	214	48.3 ± 15		
Total	769	50.6 ± 14.1		

This table showed that there was a statistically significant difference between groups regarding the mean age at presentation (p-value < 0.001).

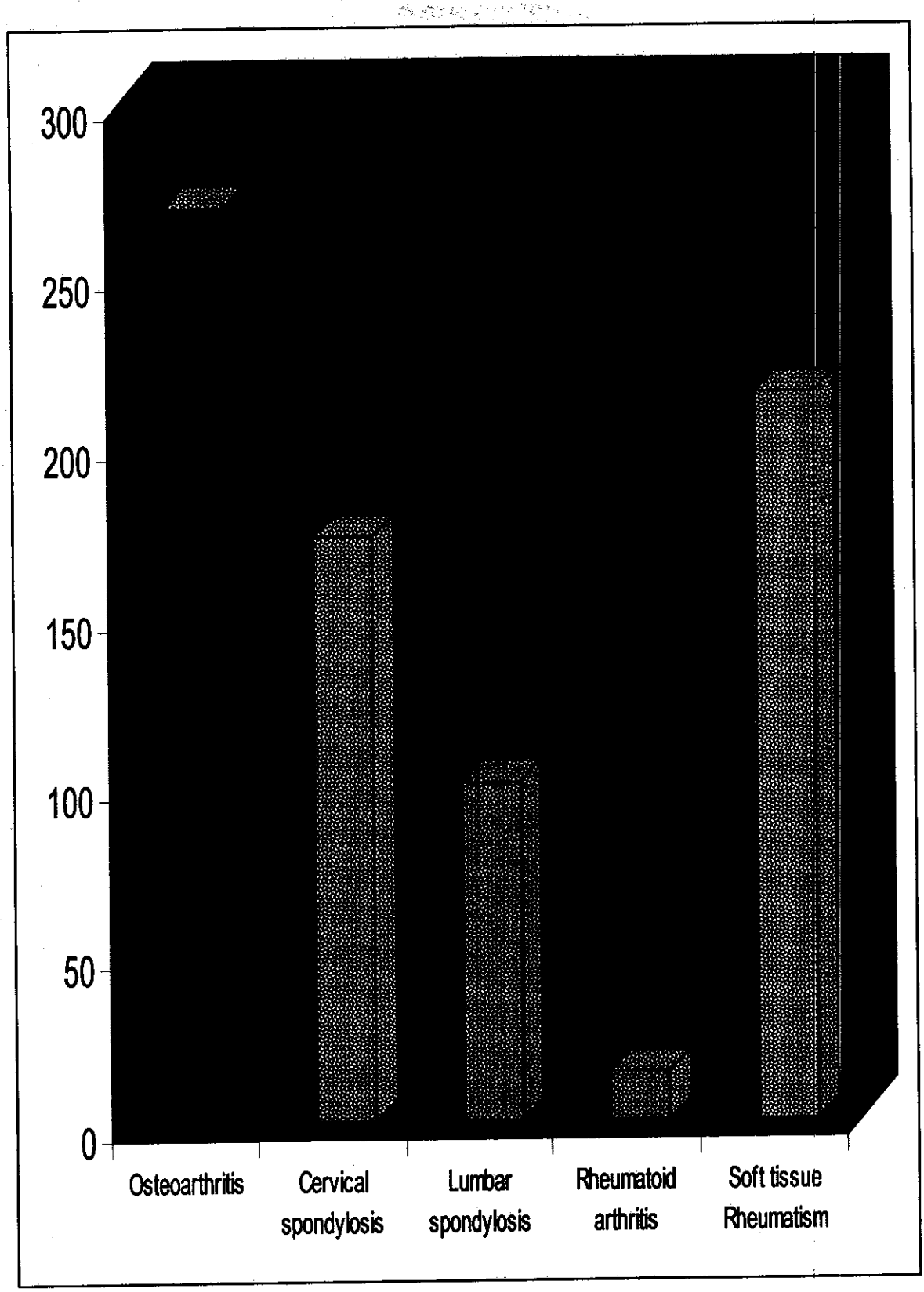

300
250
200
150
100
50
0
Osteoarthritis
Cervical spondylosis
Lumbar spondylosis
Rheumatoid arthritis
Soft tissue Rheumatism

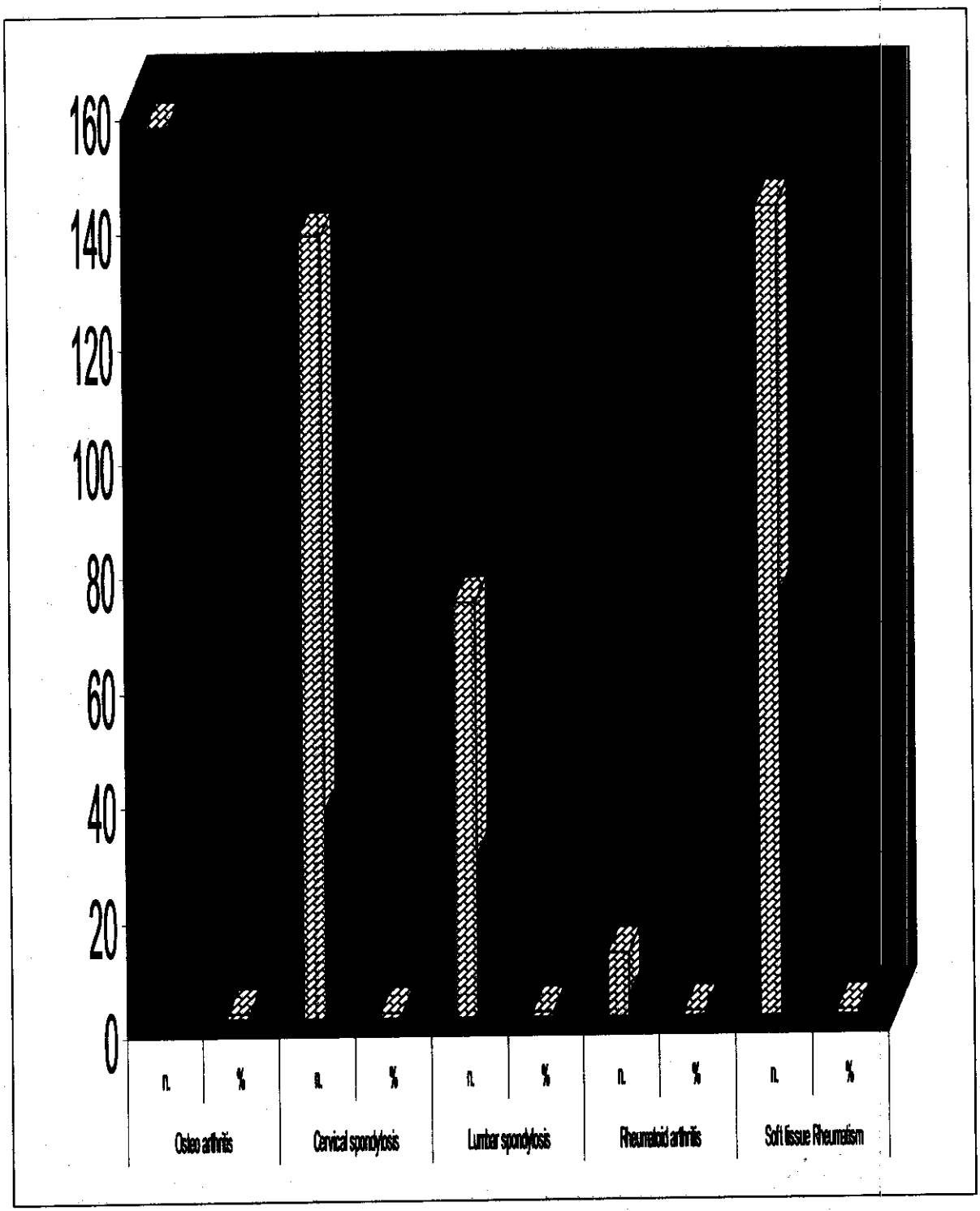
Table (4) : Sex distribution in studied groups

Group		Sex		Total	Chi-square	P value
		Female	Male			
Osteo arthritis	n.	155	114	269	111.8	< 0.001
	%	57.6%	42.4%	35.0%		
Cervical spondylosis	n.	136	36	172		
	%	79.1%	20.9%	22.4%		
Lumbar spondylosis	n.	72	28	100		
	%	72.0%	28.0%	13.0%		
Rheumatoid arthritis	n.	11	3	14		
	%	78.5%	21. 5%	0.4%		
Soft tissue Rheumatism	n.	141	73	214		
	%	65.9%	34.1%	27.8%		
Total	n.	426	343	769		
	%	55.4%	44.6%	100.0 %		

N = number of the patients

% = percent of male and female within the group.

This table showed that there was a statistically significant difference regarding sex distribution in relation to group (p value < 0.001).


160
140
120
100
80
60
40
20
0
n.
%
Osteo arthritis
Cervical spondylosis
Lumbar spondylosis
Rheumatoid arthritis
Soft tissue Rheumatism

Results of Rheumatoid arthritis group

Table (5) : Age group in rheumatoid arthritis

Age group	n.	Percent	Chi square	P value
15 – 24	2	14.3	0.6	>0.05
25 – 34	5	35.7		
35 – 44	4	28.6		
≥45	3	21.4		
Total	14	100.0		

This table showed that there was statistically insignificant difference regarding age groups (p value > 0.05).

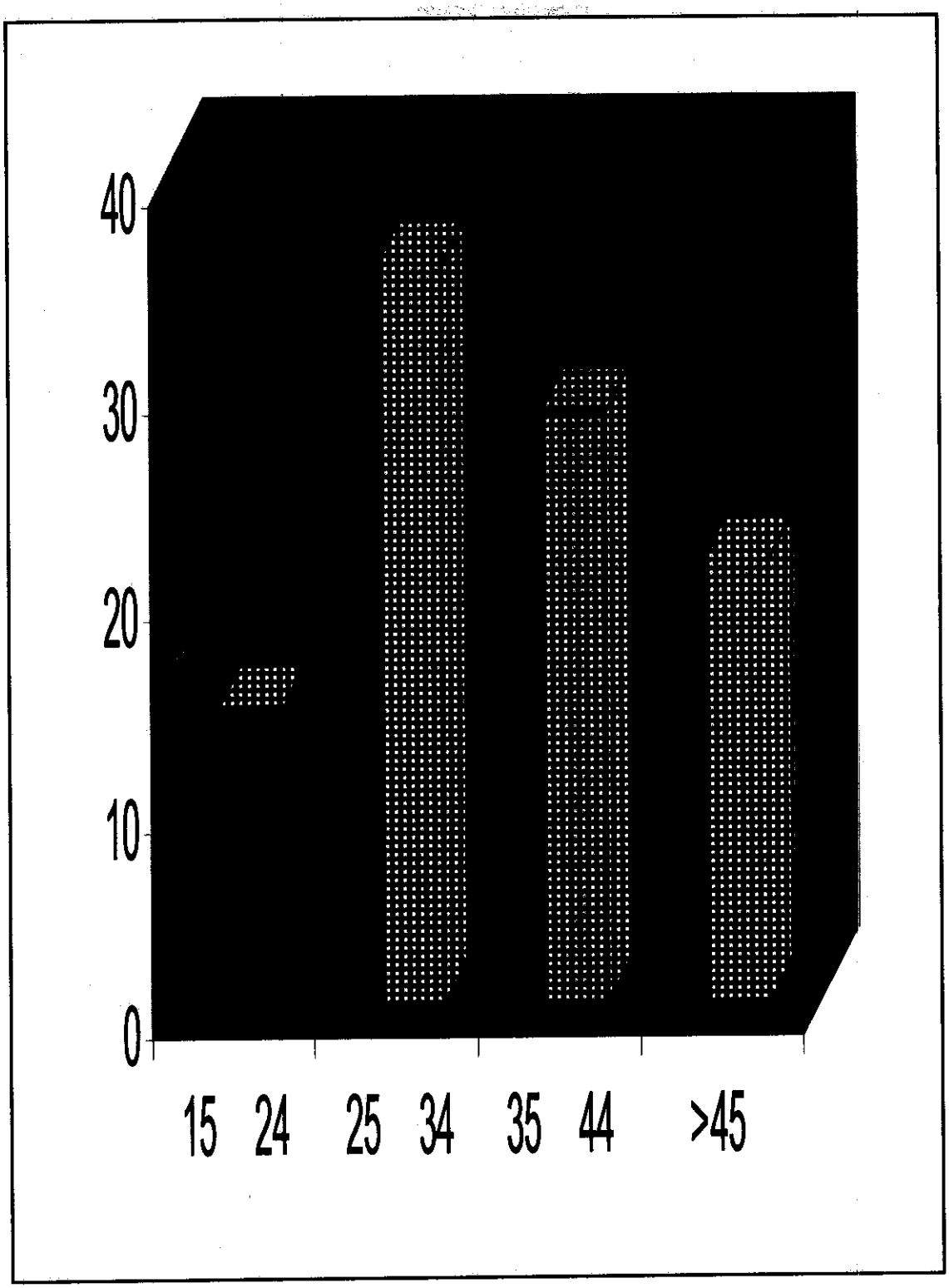

40
30
20
10
0
15 24
25 34
35 44
>45

Table (6) : Sex distribution in rheumatoid arthritis group:

		Category	No.	Percent	P value
Sex	Group 1	Female	11	78.5%	0.01
	Group 2	Male	3	21.5%	
	Total		14	100%	

This table showed that there statistically significant difference between number of females and males in rheumatoid arthritis group (p value 0.01).

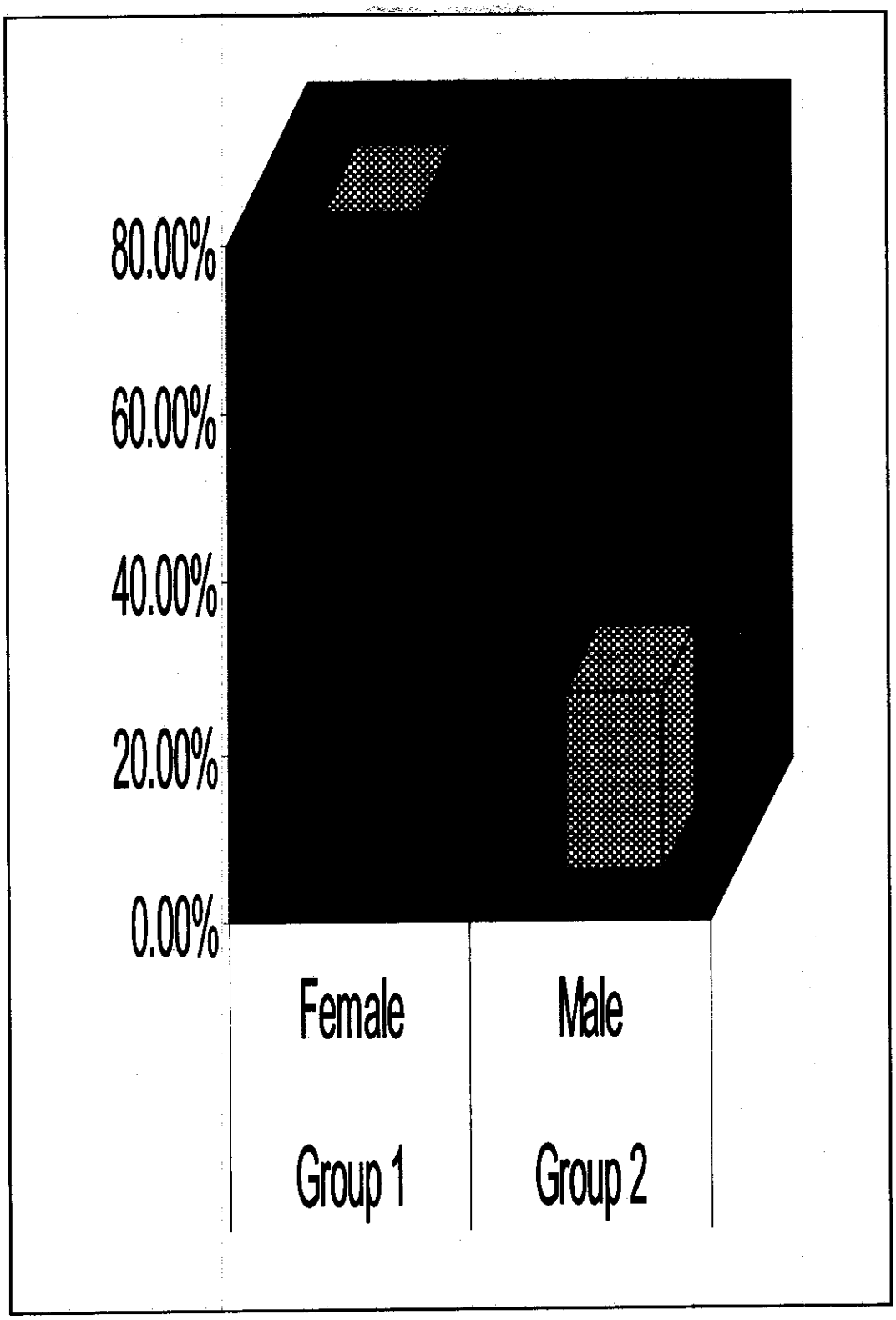

80.00%
60.00%
40.00%
20.00%
0.00%
Female
Male
Group 1
Group 2

Table (7) : Duration in years

	n.	Percent	Chi square	P value
< 5 years	5	35.7	9.5	> 0.005
5 to 10 years	6	42.9		
> 10 years	3	21.4		
Total	14	100.0		

This table showed that there was instatistically insignificant difference regarding duration of the disease (p value > 0.05).

Table (8) : Initial joint affected

	n.	Percent	Chi square	P value
Hand	5	35.7	3.1	>0.05
Wrist	3	21.4		
Elbow	1	7.1		
Knee	2	14.3		
Polyarticular	3	21.4		
Total	14	100.0		

This table showed that there was statistically insignificant difference regarding initial joint affected (p value > 0.05).

Table (9) : Deformities in Rheumatoid arthritis group.

Type of deformity	n.	Percent	P value
Ulnar deviation	6	43%	> 0.05
Z deformity	5	36%	> 0.05
Swan neck deformity	3	21%	> 0.05
Boutonniere	3	21%	> 0.05
Prominent ulnar Styloid process	2	14%	0.01
Fixed flexion elbow	2	14%	0.01
Fixed flexion knee	1	7%	0.002
Halux valgus	1	7%	0.002

This table showed that there was insignificant difference between the positive and negative cases regarding ulnar deformity, Z – deformity of the thumb, swan neck deformity, Boutonniere deformity (p value >0.05) while there was insignificant difference between the positive and negative cases regarding ulnar deformity (p value > 0.05), prominent styloid process (p value 0.01), fixed flexion of the elbow (p value 0.01) and knee (p value 0.002) and hallus valgus deformity (p value 0.002) where these deformities were sinficantly absent in this group.

Table (10) : Subcutaneous nodules in rheumatoid patients.

		Category	No.	Percent	P value
Subcutaneous nodule	Group 1	Negative	12	86%	0.01
	Group 2	Positive	2	14%	

This table showed that there was significant difference between the positive and negative cases regarding subcutaneous nodules where subcutaneous nodules were significantly absent (p value 0.01).

Table (11) : Rheumatoid factor in rheumatoid patients.

		Category	No.	Percent	P value
Rheumatoid factor	Group 1	Positive	8	57%	> 0.05
	Group 2	Negative	6	43%	

Table (12) : X – Ray findings in rheumatoid arthritis group.

	n.	Percent	P value
Juxta articular osteoporosis	14	100	< 0.001
Periarticular Erosion	9	64.2	< 0.05
Joint space narrowing	7	50	> 0.05
Periarticular soft tissue swelling	5	35.7	> 0.05

This table showed that there was significant difference between the positive and negative cases regarding X – ray findings of juxta articular osteoporosis 100 % positive in all cases (p value <0.001) and erosion was positive in 64.2% of cases (p value < 0.05) while periarticular soft tissue swelling and joint space narrowing there was insignificant difference between the number of positive and negative cases (p value >0.05).

Results of Osteoarthritis group

Table (13) : Distribution of the cases of osteoarthritis according to the age

Age group	n.	Percent	Chi square	P value
15 – 24	16	5.9%	111.9	< 0.001
25 –34	18	6.7%		
35 - 44	39	14.5%		
45 – 54	85	31.6%		
55 - 64	58	21.6%		
65 – 74	43	16.0%		
> 75	10	3.7%		
Total	269	100%		

This table showed that there was statistically significant difference of patients regarding the age groups where age group between 45 to below 55 years old revealed the highest frequency (31.6%).

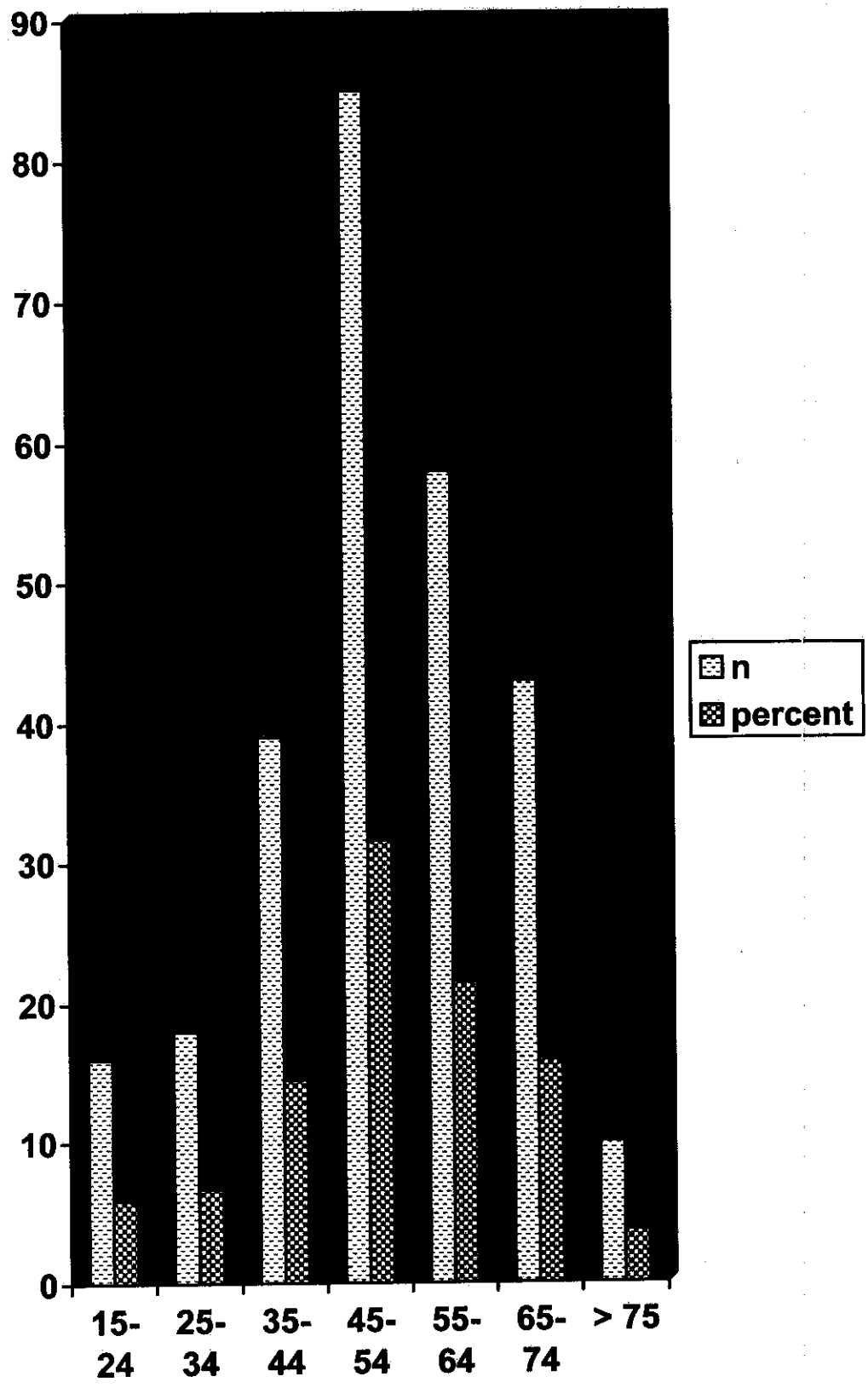

90
80
70
60
50
40
30
20
10
0
15-24
25-34
35-44
45-54
55-64
65-74
> 75
n
percent

Table (14): Distribution of the cases of osteoarthritis according to the sex

Sex	Number	Percent	Chi Square.	P value
Female	155	57.6%	6.2	> 0.01
Male	114	42.4%		
Total	269	100%		

This table showed that statistically significant difference regarding sex distribution where osteoarthritis was more common in females (p value > 0.01).

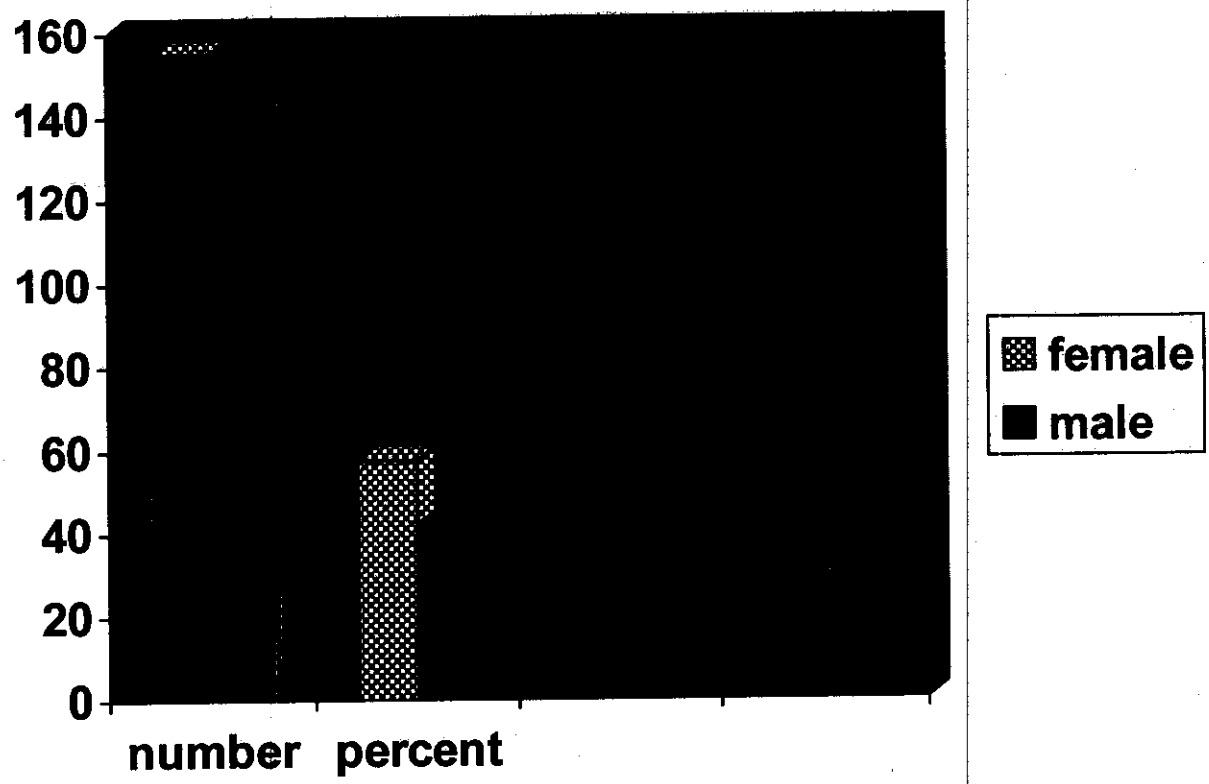

160
140
120
100
80
60
40
20
0
number
percent
female
male

Table (15) : Relation between osteoarthritis and obesity

Obesity	Frequency	Percent	Chi Square	P value
Normal	115	42.8%	5.6	> 0.01
Obese	154	57.2%		
Total	269	100%		

Osteoarthritis was found to be more frequent among over weight population when compared with ideal wt population (57.2% and 42.8 respectively).

Table (16): Pattern of joint affection in osteoarthritis

Type of joint affected	Females		Males		Total		z	P value
	n.	%	n.	%	n.	%		
Knee	151	57.4	112	42.6	263	97.8	0.4	>0.05
Hands	47	59.5	32	40.5	79	29.4	0.4	>0.05
Ankle	21	77.8	6	22.2	27	10	2.2	**0.02**
Hip	15	78.9	4	21.1	19	7.1	1.9	0.05
Shoulder	9	64.3	5	35.7	14	5.2	0.5	>0.05

The most affected joint in OA was the knee joint (263 represent 97.8%) followed by hand (79 represent 29.4%), then ankle (27 represent 10%), then hip represent (19 represent 7.1%), then the shoulders were the least affect joints (14 represent 5.2%).

Table (17): The pattern of hand affection in osteoarthritis

Hand	Females		Males		Total		z	P value
	n.	%	n.	%	n.	%		
Herberden' nodes	51	53.1	45	46.9	96	35.7	2.6	> 0.008
Bouchard's nodes	31	56.4	24	34.6	55	20.4	2.3	> 0.01
Shelf sign	14	48.3	15	51.7	29	10.8	0.6	>0.05

This table showed that there was statistically significant difference in sex distribution regarding the pattern of hand affection with Herberden's nodes (p value >0.008) and Bouchard' nodes (p value >0.01), while there was insignificant difference regarding shelf sign (p value > 0.05).

Table (18): Clinical variables of knee joints of osteoarthritis

Knee	Females		Males		Total		z	P value
	No.	%	No.	%	No.	%		
Effusion	25	43.9	32	56.1	57	21.2	2.3	0.01
Crepitus	146	57.3	109	42.7	255	94.8	0.5	>0.05
Ligament abnormalities	75	61.5	47	38.5	122	45.4	1.1	>0.05
Meniscal abnormalities	1	16.7	5	83.3	6	2.2	0.02	0.04
Backer' cyst	2	33.3	4	66.7	6	2.2	1.2	>0.05
Deformity	22	64.7	12	35.3	34	12.6	0.8	>0.05

This table showed that there ws statistically significant difference in sex distribution regarding the clinical presentation of knee osteoarthritis with effusion (p value 0.01) and meniscal abnormalities (p value 0.04), where there was insignificant difference regarding ligament abnormalities, Backer's cyst, deformity and crepitus (p value >0.05).

Cervical spondylosis

Table (19): Age groups among cervical spondylosis patients

Age group	n.	Percent	Chi-square	P value
15 –24	0	0%	40.6	<0.001
25 – 34	11	6.4%		
35 – 44	45	26.2%		
45 – 54	40	23.3%		
55 – 64	39	22.7%		
65 – 74	27	15.7%		
> 75	10	5.8%		
Total	172	100.0%		

This table showed that there was a statistically significant difference regarding age group distribution in cervical spondylosis patients with the highest frequency among the age group 35 to below 45 (p value <0.001).

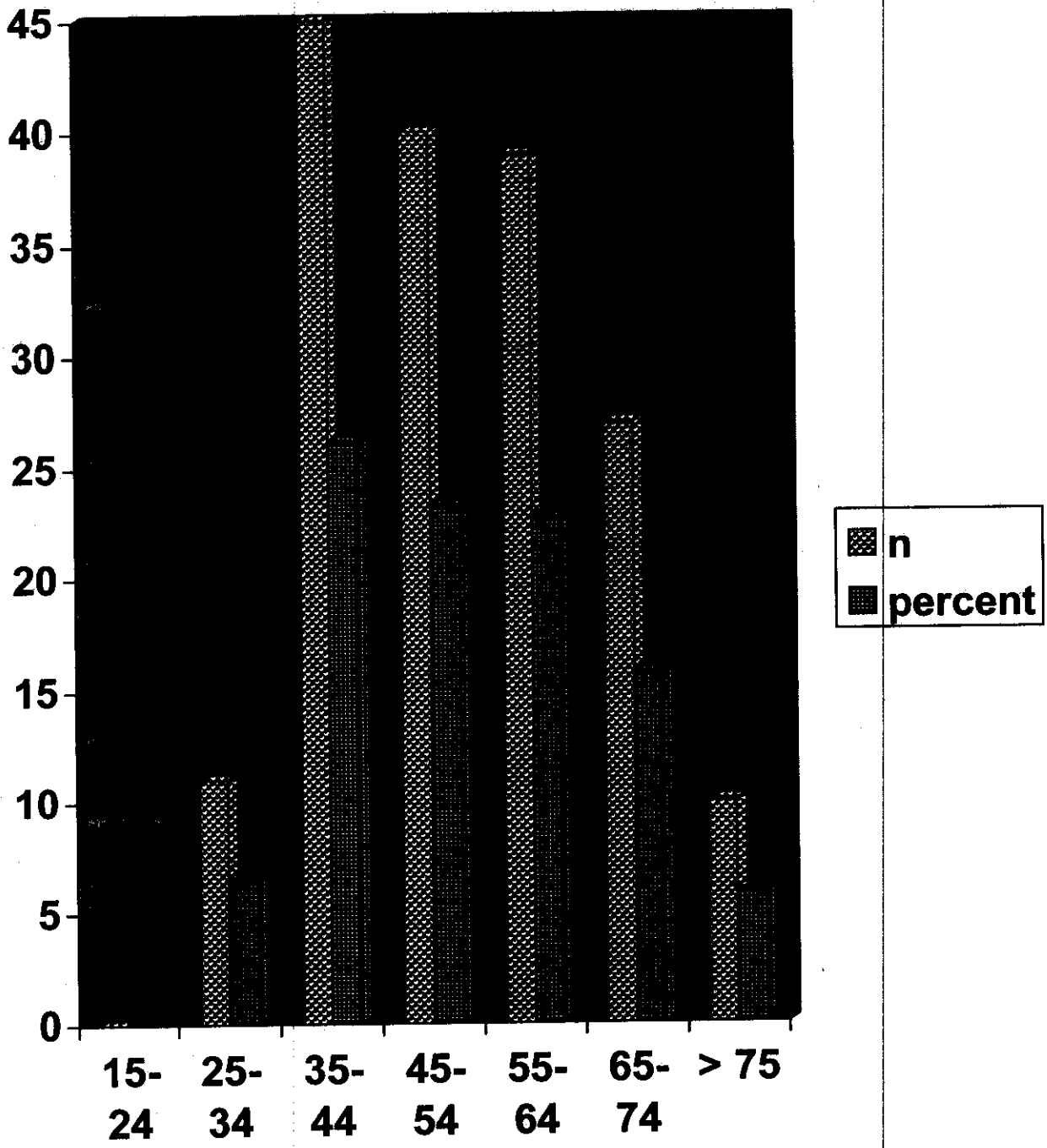

45
40
35
30
25
20
15
10
5
0
15-24
25-34
35-44
45-54
55-64
65-74
> 75
n
percent

Table (20): Sex distribution among patients with cervical spondylosis patients

	n.	%	Chi Square	P value
Female	136	79%	58.1	< 0.001
Male	36	21%		
Total	172	100%		

This table showed that there was a statistically significant difference regarding sex distribution in this group with more prevalence in males (p value <0.001).

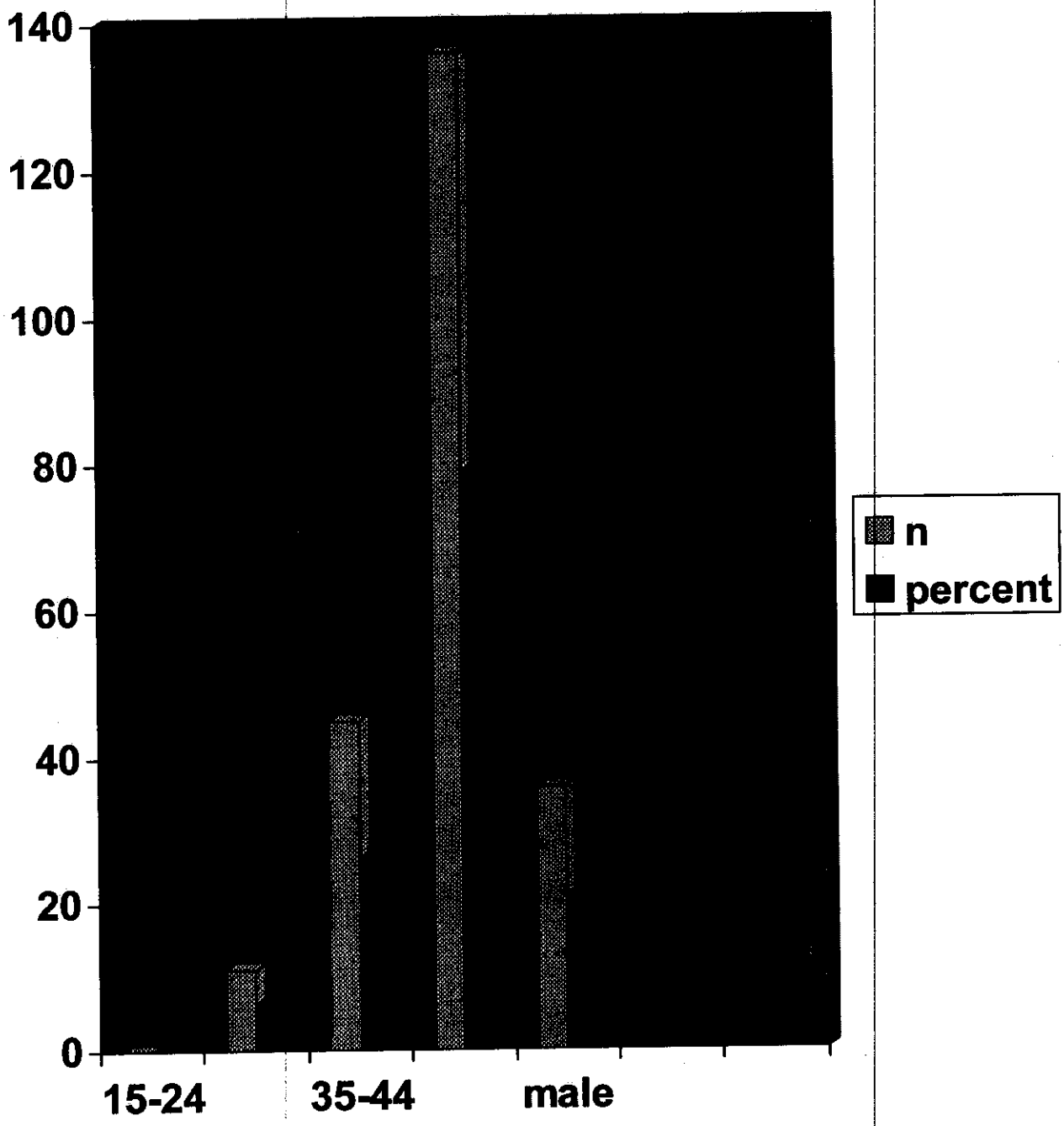

140
120
100
80
60
40
20
0
15-24
35-44
male
n
percent

Table 21 : Clinical variables in patients with cervical spondylosis

Clinical findings	n.	Percent	P value
Pain	48	27.9	> 0.05
Pain and limitation of movement	39	22.7	> 0.05
Pain Numbness and parasthesia in upper limb	85	49.4	< 0.001

Based on Z Approximation.

This table showed that pain was present in 27.9% with insignificant difference between positive and negative number of cases (p value >0.05), pain & limitation of movement was positive in 22.7% with insignificant difference between positive and negative number of cases (p value >0.05), numbness and parasthesia was present in 49.4% with significant difference between positive and negative number of cases (p value < 0.001).

Table 22: Radiological findings among cases with cervical spondylosis

Radiological findings	n.	%	P value
Disc space narrowing	103	60%	<0.01
Lost lordosis	46	27%	< 0.001
Anterior osteophytes	146	85%	<0.001
Posterior osteophytes	126	73%	< 0.001

Based on Z Approximation.

This table showed that disc space narrowing was found in 60% with significant difference between positive and negative number of cases (p value 0.01), lost lordosis was present in 27% with significant difference between negative and positive number of cases (p value < 0.001), anterior and posterior osteophyte was found in 85% and 73% respectively with significant difference between positive and negative number of cases (p value < 0.001).

Table 23: Sensory root affection in patients with cervical sis

	n.	%	Chi square	P value
Absent	136	79%	488.2	< 0.001
C 5	8	4.6%		
C 6	2	1.2%		
C5 & 6	18	10.5%		
C 8 & T1	6	3.5%		
C 5, 6, 7 & 8	2	1.2%		
Total	172	100.0%		

This table showed that there was a statistically significant difference between cases presented without and with sensory root changes (p value < 0.001).

Table 24: Motor root affection in patients with cervical spondylosis

	n.	%	Chi square	P value
Absent	161	93.7%	582.9	< 0.001
Small muscles of the hand	5	2.9%		
Biceps	3	1.7%		
Triceps	3	1.7%		
Deltoid	2	1.2%		
Total	172	100.0%		

This table showed that there was a statistically significant difference between cases presented without and with motor root changes (p value < 0.001).

Results of Lumbar spondylosis

Table 25: Age groups among cases with lumbar spondylosis

Age group	n.	%	Chi square	P value
15 – 24	0	0 %	55.5	< 0.001
25 – 34	0	0 %		
35 – 44	21	21.0%		
45 – 54	28	28.0%		
55 – 64	24	24.0%		
65 – 74	20	20.0%		
> 75	4	4.0%		
Total	100	100.0%		

This table showed that there was a statistically significant difference between different age groups presented with lumbar spondylosis (p value < 0.001) with the highest frequency in the age group 45 to below 55 (28% of cases).

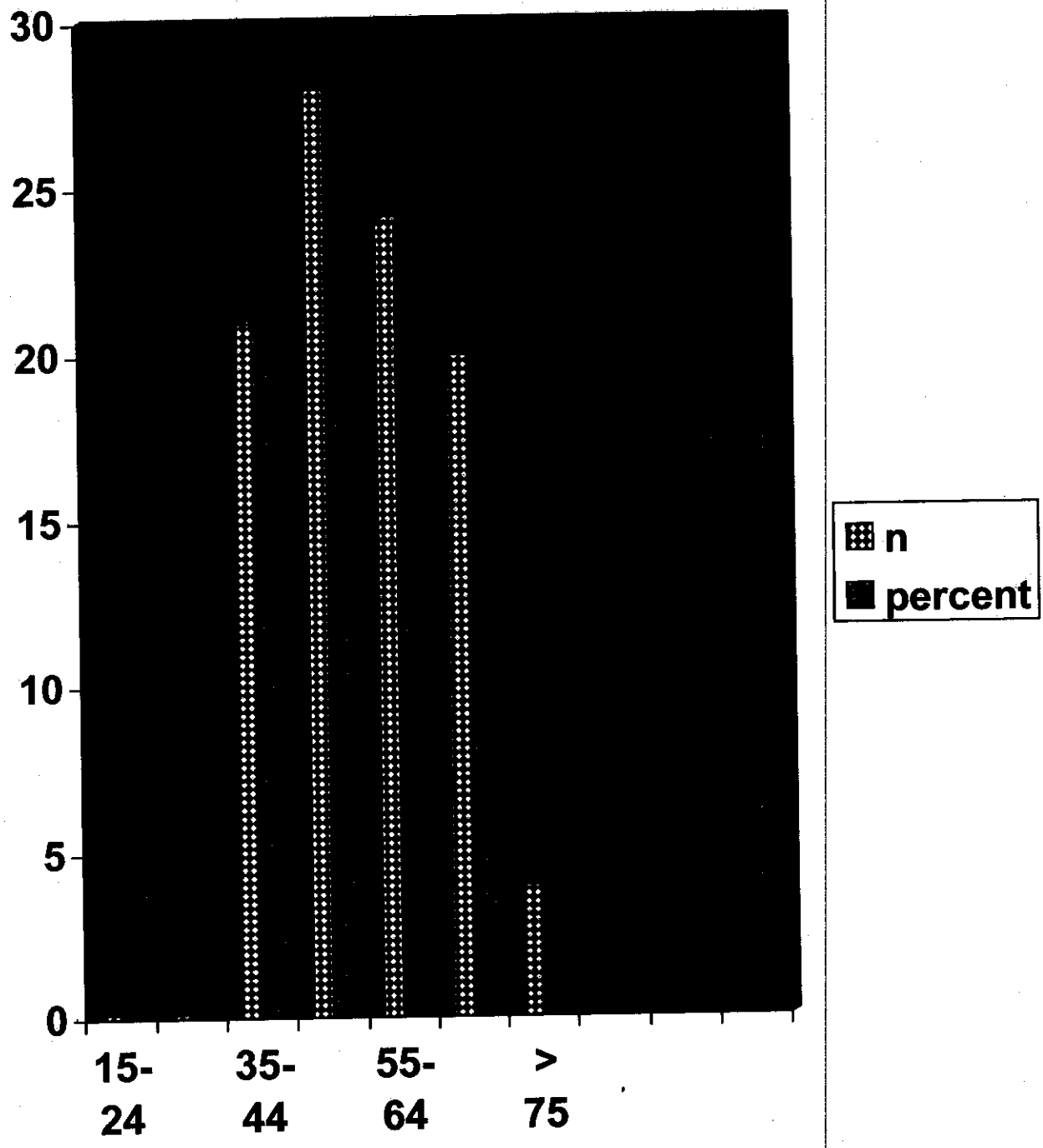

30
25
20
15
10
5
0
15-
24
35-
44
55-
64
>
75
n
percent

Table 26: Sex distribution among cases with lumbar spondylosis

	Category	n.	%	Chi-square	P value
Sex	Female	72	72%	19.3	< 0.001
	Male	28	28%		

Based on Z Approximation.

This table showed that there was a statistically significantly difference between the number of males (72%) and females (28%) among cases with lumbar spondylosis (p value < 0.001).

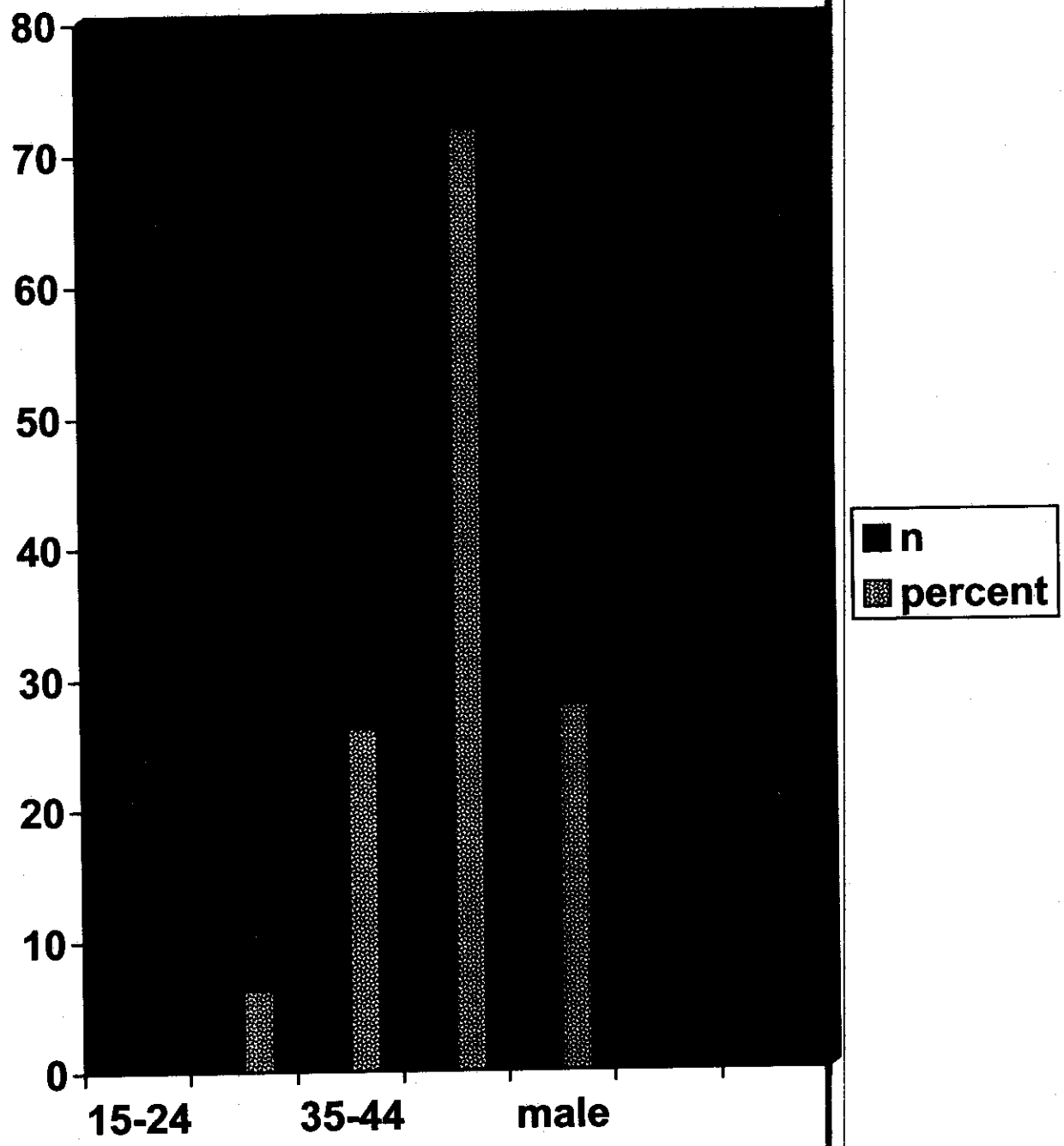

80
70
60
50
40
30
20
10
0
15-24
35-44
male
n
percent

Table 27: body weight among cases with lumbar spondylosis

	Category	n.	%	Chi-square	P value
Body weight	Obese	54	54%	19.3	> 0.05
	Normal	46	46%		

This table showed that there was insignificant between obese and those with normal body weight among cases with lumbar spondylosis (P value > 0.05)

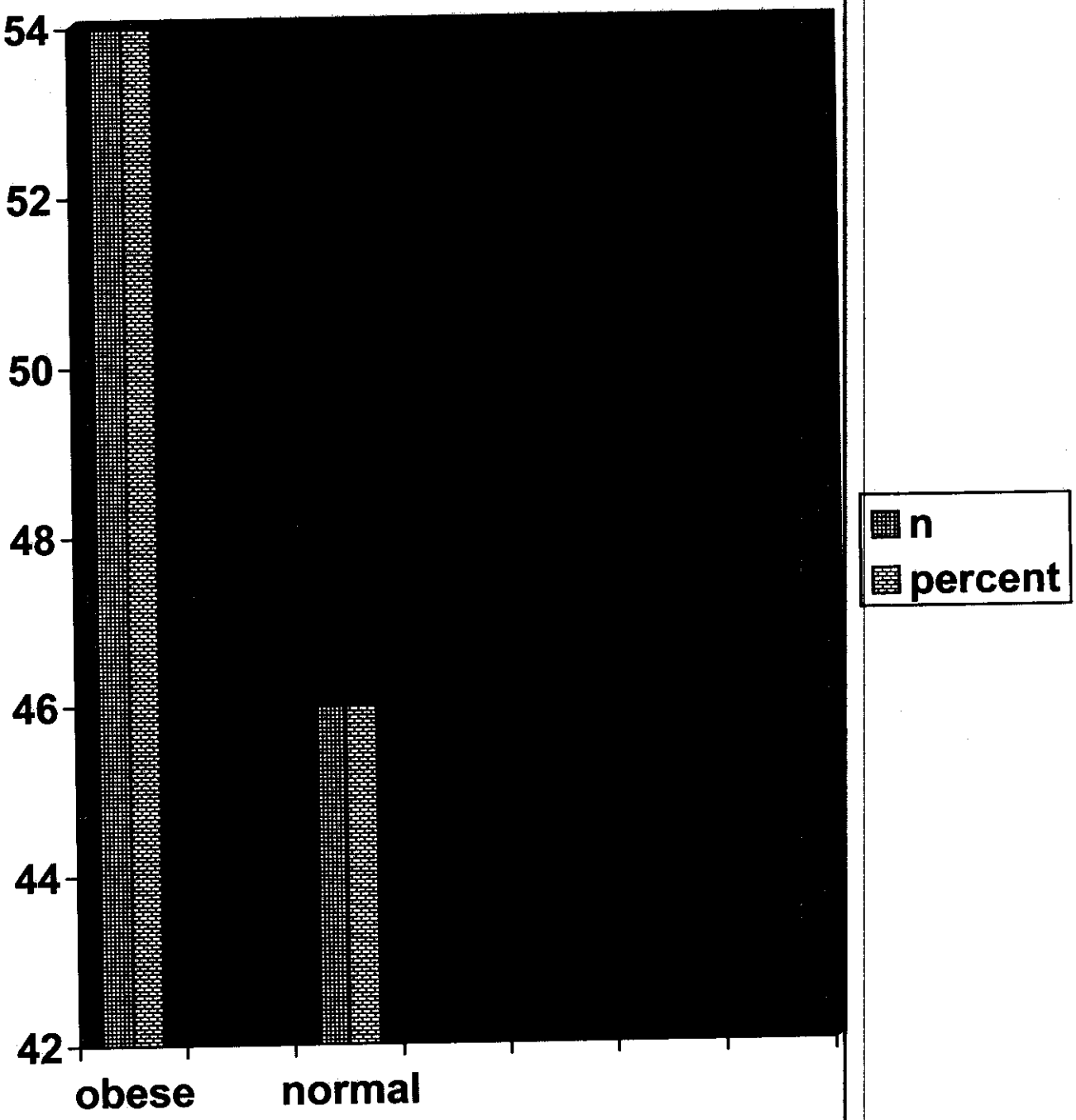

54
52
50
48
46
44
42
obese
normal
n
percent

Table 28: Clinical findings among patients with lumbar spondylosis

Clinical findings	n.	%	P value
Pain	100	100%	< 0.001
Sciatic pain	15	15%	< 0.001
Parasthesia	43	43%	> 0.05
Muscle spasm	43	43%	> 0.05
Scoliosis	17	17%	< 0.001
Tender muscle	69	69%	< 0.001
Flat lumbar curve	49	49%	> 0.05
Femoral stretch	57	57%	> 0.05
Straight leg raising test	33	33%	0.001

a Based on Z Approximation.

This table showed that pain was the major complaint in 100% (p value <0.001). Sciatic pain was absent in 85% (p value <0.001). parasthesia and muscle spasm were positive in 43% and absent in 57% with insignificant difference (p value >0.05). Scoliosis was absent in significant number 83% (p value < 0.001). Tender muscle was found in significant number (69%, p value <0.001). Flat lumber curve found in 49% and femoral stretch was positive in 57% with insignficant difference between positive and negative number of cases (p value > 0.05). straight leg raising test positive in significant number of cases 67% (p value 0.001).

Table 29: Radiological findings among patients with lumber spondylosis

Radiological findings	n.	%	P value
Flat lumbar curve	32	32%	< 0.001
Post. Osteophytes	63	63%	> 0.01
Disc space narrowing	67	67%	> 0.001
Lumbarization	15	15%	< 0.001
Sacralization	18	18%	< 0.001
Scoliosis	12	12%	< 0.001
Spondylolysis	7	07%	< 0.001
Spodylolithesis	11	11%	< 0.001

a Based on Z Approximation.

This table showed that flat lumber curve was absent in significant number of cases (68%, p value < 0.001), posterior osteophyte was found in significant number of cases (63%, p value > 0.01), disc space narrowing was positive in significant number of cases (67%, p value > 0.001), lumbarization was absent in significant number of cases (85%, p value < 0.001), sacralization was absent in significant number of cases (82%, p value < 0.001). scoliosis was absent in significant number of cases (88%, p value < 0.001), spondylolysis was absent in significant number of cases (93%, p value < 0.001) and spondolithesis was absent in significant number of cases (89%, p value < 0.001).

Results of Soft tissue rheumatism

Table 30: Age groups in patients with soft tissue rheumatism

Age group	n.	%	Chi Square	P value
15 – 24	13	6.1%	67	<0.001
25 – 34	21	9.8%		
35 –44	55	25.7%		
45 – 54	56	26.2%		
55 – 64	26	12.1%		
65 – 74	32	15.0%		
> 75	11	5.1%		
Total	214	100%		

This table showed that there was a statistically significant difference between different age groups presented with soft tissue disease (p value < 0.001) with the highest frequency in the age group 45 to below 55 (28% of cases).

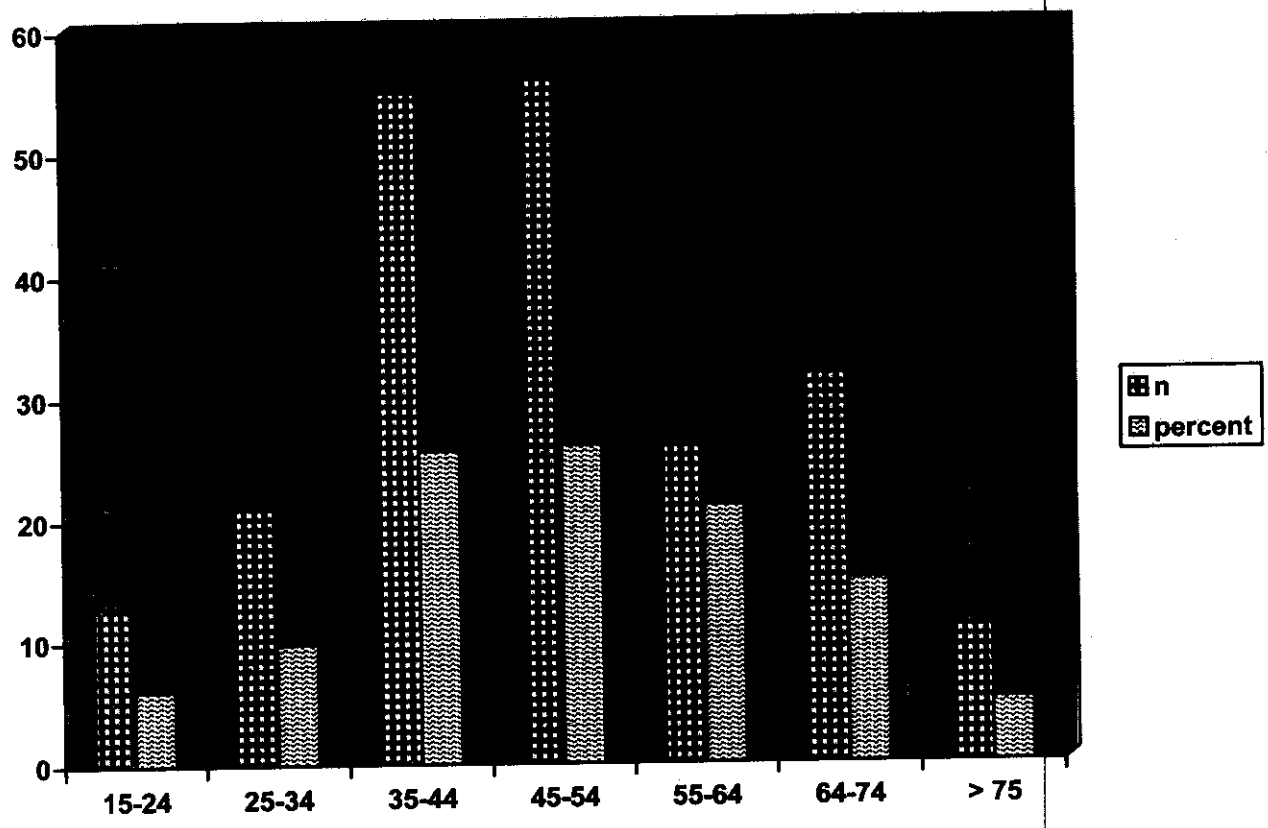

60
50
40
30
20
10
0
15-24
25-34
35-44
45-54
55-64
64-74
> 75
n
percent

Table 31: Sex distribution among patients with soft tissue diseases

Sex	n.	%	P value
Female	141	66%	< 0.001
Male	73	34%	
Total	214	100%	

a Based on Z Approximation.

This table showed that the number of females was significantly higher than the number of males (p value < 0.001) among patients with soft tissue diseases.

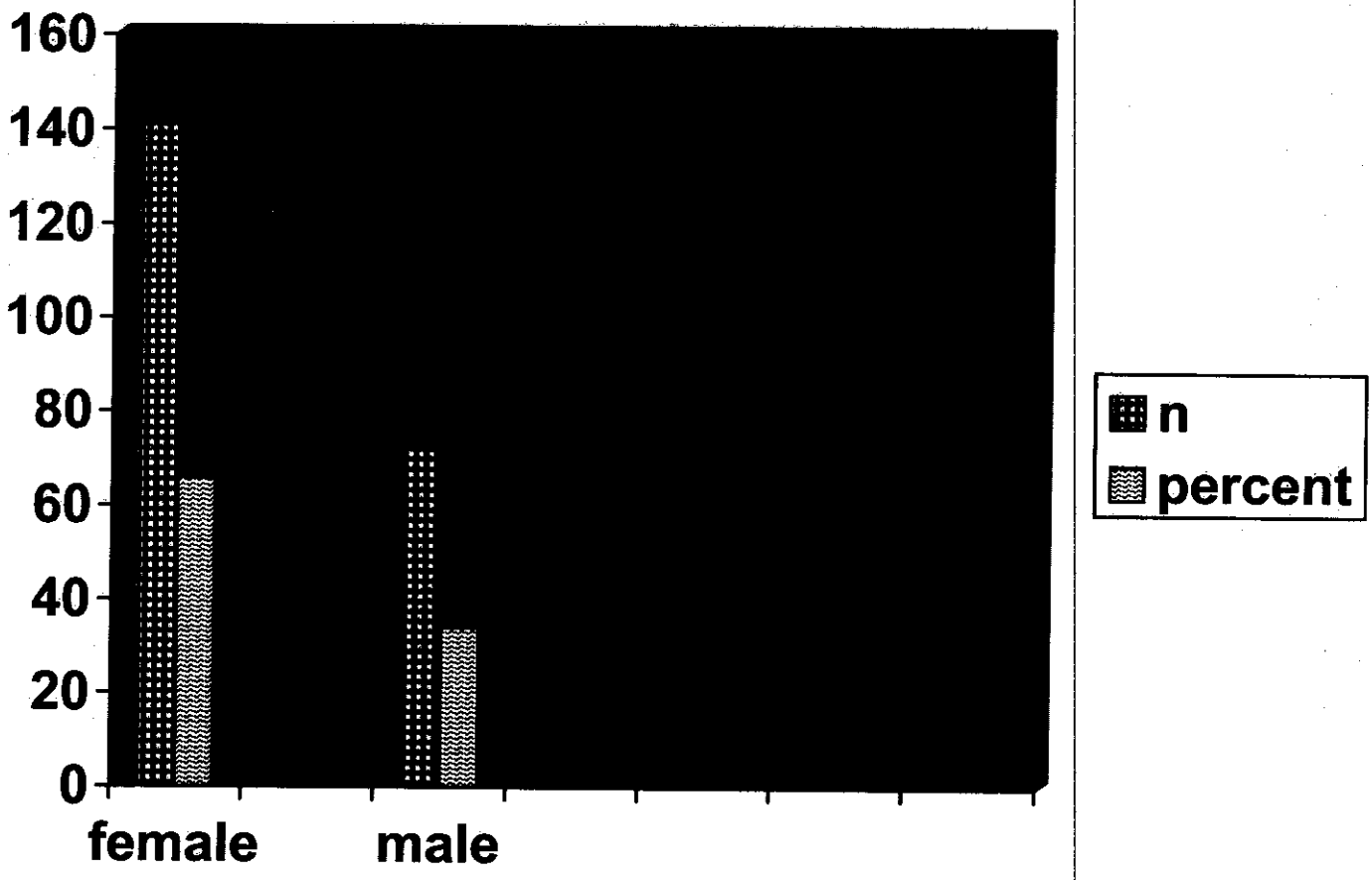

160
140
120
100
80
60
40
20
0
female
male
n
percent

Table 32: Different occupations in patients with soft tissue disease.

	n.	%	Chi square	P value
Non-manual worker	88	41.1	6.7	0.009
Manual worker	126	58.9		
Total	214	100.0		

This table showed that there was a statistically significant difference between manual and non-manual workers presented with soft tissue disease (p value =0.009).

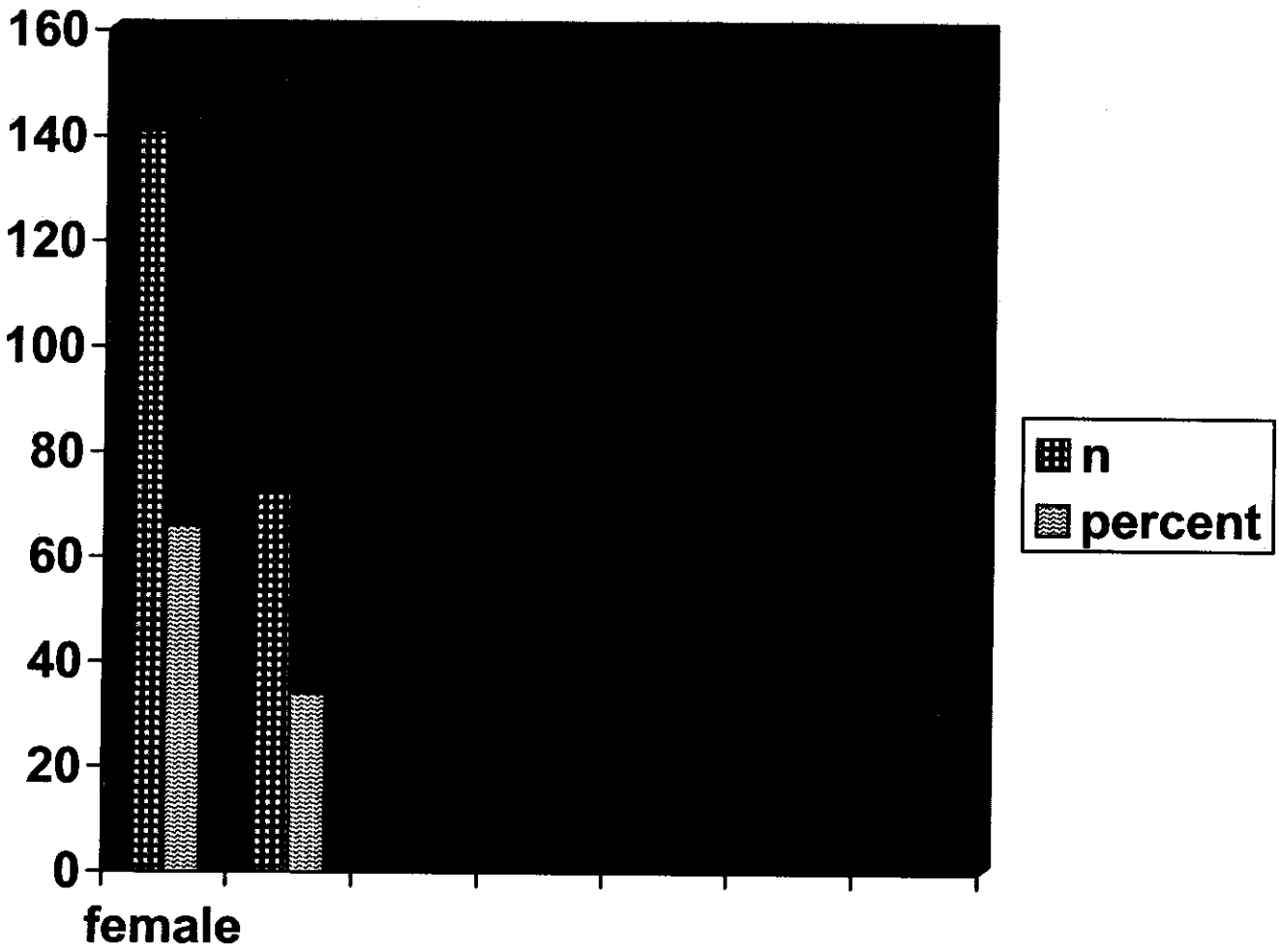

160
140
120
100
80
60
40
20
0
female
n
percent

Table 33: Different clinical findings among patients with soft tissue disease.

Clinical findings	n.	%	P value
Trigger finger	10	5%	< 0.001
Carpal tunnel syndrome	32	15%	< 0.001
Medial ligament inflammation	25	12%	< 0.001
Lateral ligament inflammation	6	3%	< 0.001
De'Ouarvian tendenitis	7	3%	< 0.001
Rotator cuff tendenitis	27	13%	< 0.001
Bicipital tendentitis	12	6%	< 0.001
Tenis elbow	30	14%	< 0.001
Golfer elbow	43	20%	< 0.001
Achillus tendenitis	11	5%	< 0.001
Planter fasciitis	37	17%	< 0.001
Sprain ankle	7	3%	< 0.001
Anserine Bursitis	10	5%	< 0.001
Trochanteric Bursitis	12	6%	< 0.001

a Based on Z Approximation.

This table showed that all clinical findings were absent in statistically significant percentages of patients (p value < 0.001)