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What are the common articular and per-articular features that I might encounter in practice?

See the table below for more information.

Articular and peri-articular manifestations	Listen for	Look for examination and findings
Cervical spine instability	Pain at the back of the head and/or neck. Sensory and motor changes in the upper limbs. Vertebro-basilar artery insufficiency symptoms. Lips and tongue sensory disturbance. Symptoms of spinal cord compromise, including possible lower limb symptoms such as gait disturbances.	Thorough subjective and physical examination including comprehensive neurological examination; view computed tomography/magnetic resonance images to ascertain cervical cord compromise, especially C1/C2; Babinski/Hoffman, clonus reflexes, sensation.
Tenosynovitis	Swollen, painful tendons.	Crepitus on movement; warmth; evidence of swelling.
Tendon rupture and/or joint dislocations of the hand/wrist or foot/ankle joints	Pain on resisted movement/load. Loss of function; deformity.	Rupture: loss of tendon function, joint instability and tendon discontinuity. Discordance between active and passive movement of the joint. Dislocation: lack of synovial joint congruity in active and passive movement.
Boutonnière deformity	Mechanical dysfunction related to fine motor tasks using the digits and gross motor tasks using the hand and wrist.	Combination of flexion of the proximal IP joint and hyperextension of the distal the IP joint.
Swan neck deformity	Mechanical dysfunction related to fine motor tasks using the digits and gross motor tasks using the hand and wrist.	Limitation of active flexion of the proximal IP joint. IP joint instability. Combination of flexion at the MCP joint, hyperextension of the proximal IP joint and flexion of the distal IP joint.

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Carpal tunnel syndrome	Pain and/or sensory disturbance in the hand in the median nerve distribution; muscle wasting or weakness with gripping; dropping things; exacerbation of symptoms at night; shaking hand helps.	Sensory and motor examination of relevant peripheral median nerve distribution (negate differential spinal nerve involvement). Positive Phalen's and Tinel's tests. Screen for diabetes, thyroidism, B12 deficiency. Weakness or wasting in abductor pollicis brevis.
Hallux valgus, medial longitudinal arch flattening and mallet toe	Pain in the foot. Reports of increased disability with gait and weight-bearing.	Postural and alignment changes in the foot, including: medial deviation of the first metatarsal and lateral deviation of the hallux. Pattern of dorsi flexion at MTP joint combined with plantar flexion at PIP and DIP joints for claw toes. Pressure areas or corns on feet.
Synovitis-driven rotator cuff and/or glenohumeral symptoms	Shoulder girdle pain (e.g.; impingement or glenohumeral pain) not mechanically patterned and not responding consistently to therapy (e.g. tendon unloading).	Pattern of movement dysfunction (control or impairment of range) consistent with subjective complaint; warmth; crepitus; check for rotator cuff rupture. Non-responsive to simple analgesia or limited response.
Secondary osteoarthritis	Pattern of symptoms that are mechanically patterned (i.e.; stimulus-response coupled: hurts and pain eases when rest) non-inflammatory joint degeneration.	Age-dependent. Insidious onset. Responds to simple analgesia. Bony tenderness on palpation. Bony enlargement. Crepitus with movement. No palpable warmth (difficult if patient also has a flare). Loss of joint space, osteophytes, subchondral cysts on plain X-ray.