

For further information about this service contact:

Dynamic Health Service Telephone No: 0300 555 0123

Dynamic Health Website: www.eoemskservice.nhs.uk

You can also access our website by scanning this image on your phone, ipad or tablet.



Clinical Policies and Surgical Thresholds

For information on local clinical policies and surgical thresholds please go to Cambridgeshire and Peterborough CCG website:

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/health-professionals/clinical-policies-and-thresholds/clinical-policies/>

Helpful Tips for Musculoskeletal Management

If you require this information in a different format such as in large print or on audio tape, or in a different language please contact the service on the details above.

If you have any compliments about this service or suggestions for improvements, contact our Patient Advice and Liaison Service on 0300 131 1000 (charges may apply depending on your network) or email: ccs-tr.pals@nhs.net.

For free, confidential health advice and information 24 hours a day, 365 days a year please contact NHS 111.



This leaflet has been produced by Clinical Specialist Physiotherapists working in Dynamic Health. It offers simple advice and assessment tips for patients presenting with Musculoskeletal problems.

Assessment for body parts

Shoulder:

- Significantly reduced lateral rotation consider frozen shoulder or OA
- Unable to keep arm up at 90° likely Rotator Cuff pathology
- Pain on resisted muscle testing indicate Rotator Cuff pathology
- Do NOT send for routine Ultrasound - as in the elderly this will show rotator cuff pathology which is normal
- X-ray is more informative

Elbow:

- Tennis and Golfers elbow are degenerative conditions and require rehabilitation. Please do NOT inject
- Check passive extension, if this is limited it may indicate OA

Radicular arm pain:

- MRI should only be ordered in Secondary Care or MSK specialist services
- Pain and paraesthesia will follow a dermatomal pattern
- Pain may ease when resting hand on head

Lower back pain:

- MRI are NOT indicated
- Pain does not equal Harm
- Backs are strong therefore continue with exercises
- Keele Score can guide management
- Low = self-manage with exercise
- Medium = may need exercise +/- manual therapy
- High = combined exercise and cognitive approach

Radicular leg pain (sciatica):

- MRI should only be ordered in Secondary Care or MSK specialist services
- Check if they can heel and toe walk
- Unless there is Neuro Deficit give medication and refer to physio
- Should improve in 12 weeks/offer strong reassurance

Hip:

- Question if they have difficulty putting on shoes and socks for OA
- Check hip flexion and internal rotation for OA
- Clicking or snapping in the young hip consider impingement which should respond to hip rehab
- Lateral hip pain worse ONLY on sleeping on affected side – likely Greater Trochanteric pain syndrome

Knees:

- MRI should only be ordered in Secondary Care or MSK specialist services
- Knees in the over 50 consider OA (Quick check hip in older person with knee pain)
- Question Stairs – struggling or changed how they going up or down could be due to hip pain or knee pain more likely than back pain
- Knees under 40: Pain on Single Leg dip consider patellofemoral
- Knees under 40: Pain on Thessalys test consider meniscus

Foot:

- Heel pain - Refer first to Podiatry not Specialist Service
- Do not X-ray for heel pain (spur is clinically insignificant)
- Medial Ankle pain – Do single leg heel raise and if “too many toes sign”/over pronation – refer to Specialist

Is surgery an option?

No:

- Non-traumatic degenerative rotator cuff tears
- Knee/Hip Arthroscopies for OA
- LBP/neck pain
- Osteoporotic fracture for over 6 months
- Non-traumatic shoulder pain for less than 6 months

Possibly (or injections):

- Severe radicular pain for over 3 months
- THR/TKR (see thresholds/Oxford Knee and Hip Score)
- TRUE locking knee
- Traumatic rotator cuff tears in the younger patients

Top Tips

1. Have they tried self-management?
2. Are they taking the appropriate medication?
3. Avoid too many investigations
4. IF YOU ARE UNSURE please contact your local physiotherapy department who can help advise on appropriate guidance/referral pathway.