

A brief insight into the causes and management of musculoskeletal conditions

Background:

Statistics collated in 2017 revealed that musculoskeletal (MSK) conditions such as arthritis and back pain affected around 18.8 million people across the UK.

In addition, in 2019, the Health and Safety Executive reported that an estimated 6.9 million working days were lost due to work related musculoskeletal disorders which represented 29% of all days lost due to work-related ill health in Great Britain in 2018/19

It is clear that musculoskeletal conditions are extremely prevalent.

Causes:

Musculoskeletal pain and dysfunction can have a variety of causes e.g.:

- (i) Degenerative conditions such as osteoarthritis can be caused by the wear and tear of daily activities on the musculoskeletal system.
- (ii) Trauma/accidents (e.g. fractures, sprains, dislocations, and impact injuries)
- (iii) Poor posture, repetitive movements, overuse, and prolonged immobilization which puts strain on certain parts of the musculoskeletal systems
- (iv) Other disease processes.

Management:

Minor injuries to the musculoskeletal system can often be managed with self help measures, but if the problem is more serious or it persists, then you should seek professional advice/ input.

Appropriate management options will vary depending on the nature of the condition but common treatment options may include one of more of:

- (i) Rehabilitation to restore normal muscle function and strength or to restore normal range of joint movement through specific exercises

- (ii) Use of various aids e.g. braces, orthotics, tape etc to protect and offload injured areas or to encourage more ergonomic alignment for better musculoskeletal function
- (iii) Hands on treatment through manipulation/mobilisation of joints and soft tissues to restore normal tissue function
- (iv) Other modalities such as electrotherapy, acupuncture or shockwave treatments can be helpful in some conditions
- (v) “Regenerative Medicine” procedures such as prolotherapy, and agents involving autologous blood, platelet rich plasma and stem cells have also been emerging. Regenerative medicine techniques are aimed at stimulating the body to repair damaged tissues.
- (vi) Appropriate pain medication (e.g. a course of tablets or an injection) to address issues such as inflammatory musculoskeletal problems, or to help overcome barriers to rehabilitation exercises or to break the cycle of chronic pain in order to reverse nervous system “wind up”
- (vii) Self help advice for treatment or prevention e.g. on advice on posture, activity modification, ergonomics or weight loss
- (viii) Conditions such as anxiety, depression or bereavement can also have a major impact on the experience of pain (often amplifying it) and these conditions should be considered for separate intervention where appropriate.
- (ix) Surgical procedures (where indicated), where there is a surgical indication and where conservative measures are either inappropriate or have failed.

The array of different healthcare professionals who deal with musculoskeletal problems can be confusing and in the private sector particularly, it is often difficult to know who to turn to in the first instance. In the NHS, most patients will initially see their GP and some patients will receive referral to another healthcare practitioner if the GP feels that this is appropriate.

Skillsets will vary between different types of practitioners because they undergo different core training. But skillsets will also vary between the same types of practitioners because some practitioners may undertake additional training or develop special interests in particular types of conditions.

So we can't give you any hard and fast rules on who you should see but what we can do is outline some general principles which are outlined below:

General Principle 1

'An accurate diagnosis is paramount to ensure that the patient receives the right treatment/management of their condition.'

In complex cases, there may be more than one problem going on and this can pose additional challenges for a practitioner. Dealing with multiple musculoskeletal issues can be a little like the layers of an onion. In other words, once the practitioner has dealt with one issue, if only some symptoms resolve or if the patient only gets better for a short time, it may be that there are further underlying problems which need to be diagnosed and treated.

Making a diagnosis usually involves a number of steps:

The first thing that most practitioners will do is "take a history". This simply means asking a number of questions about the patient's symptoms and when and how they began, in order to begin to build up some idea of the nature of the problem.

A clinical examination can help the practitioner to narrow down the cause of the problem. A musculoskeletal examination usually involves the practitioner obtaining further information from sight, touch (i.e. feeling for particular abnormalities) and tests of certain movements.

Often a history and clinical examination together will be sufficient to provide a likely diagnosis, but in some cases, further tests or investigations may be ordered to:

- Confirm a diagnosis if this is still in doubt
- Confirm the extent of a clinical diagnosis (where this will influence recommendations for management/treatment)
- Exclude rare but potentially more serious possible diagnoses.

However, we do not advocate the practice of routine x-rays or MRIs for everyone. This is because:

- If there is not a good clinical reason to perform investigation, this can lead to unnecessary additional costs for the patient (and in the case of x-rays can also expose patients to unnecessary radiation)
- Investigations such as MRIs or x-rays may reveal abnormalities that have nothing to do with the cause of the person's symptoms (and which may be harmless) and if these findings are not properly correlated with the clinical symptoms, this can result in inappropriate management/treatment of the patient's condition.

General Principle 2

'No one practitioner has all of the answers/solutions to every musculoskeletal problem'

A good practitioner will recognise the limitations of their own skillset and will be prepared to refer you on to another practitioner if they feel that this would be more helpful or where they recognise that they have done all that they can for you and you need further input.

We feel that it is good practice to outline reasonable expectations early on: For example:

- It would usually be unrealistic to expect that a 10 year history of complex musculoskeletal issues and chronic pain could be solved in one visit, but
- Equally whilst some treatments may require several visits before an assessment can be made about whether this is helping or not, practitioners should not be trying the same treatments on an excessive number of occasions if patients are not showing any improvement. We have come across the odd instance of patients being told that they will require such extensive treatment to "get better" that they have been offered the chance to pay for between 10 and 40 treatments up front for a discount. In the vast majority of cases, this is highly questionable.

General Principle 3

'Good communication can often result in better outcomes'

Good communication between the practitioner and the patient is key to

- Understanding your problem and developing realistic expectations and goals
- Being compliant with aspects of recommended treatment (e.g. following the advice you have been given or doing the exercises you have been shown because it has been well explained and you understand the reasons for it).

It is also important that you feel comfortable about talking to your practitioner so that you can ask questions, tell your practitioner if you don't feel that treatment is working, or tell them about any changes in your symptoms (which could indicate that your condition is improving, becoming worse or evolving into something else). Treatment plans are constantly under review so your practitioner relies on feedback from you to know whether they need to modify something or change course.