

# OVERVIEW OF MUSCULOSKELETAL DISORDERS

A/Prof Goh Lee Gan

## INTRODUCTION

In the 1993 One Day Morbidity Study of Outpatient Care, "Arthritis and rheumatic disorders" accounted for 5.4% of the primary care attendances overall. They accounted for 5.6% of the attendances to GP Clinics and 4.2% of the attendances to the Government Polyclinics.

## AGE GROUP, ANATOMICAL REGION AND PATHOLOGY

Given a patient with a musculoskeletal symptom which most commonly is pain around the joint, limb, back or trunk, we subconsciously overlap three different circles as a Venn diagram to create a small area where the three circles overlap. These three circles are the age group, the anatomical region, and the underlying pathology. The classification of musculoskeletal disorders by pathology into trauma, 'degenerative', infection, metabolic, malignancy and autoimmune is useful in working out the differential diagnosis. Where the three circles overlap yields the small list of differential diagnosis which will be age and region specific.

Thus, in an old lady of 75 years presenting with a hip pain, we will be thinking of osteoarthritis and if it is acute to ask about a fall or a trip that may have escaped the recollection of the patient. In a young girl of 10 years with a hip pain we may think of a transient synovitis, Perthes disease, septic arthritis if there is an accompanying fever, juvenile rheumatoid arthritis and again trauma.

## THIS DISTANCE LEARNING COURSE

In this distance learning course, we have narrowed musculoskeletal disorders to that encountered in the adult and elderly. These have been grouped into 6 units of self study. Some are systemic disorders like osteoporosis (Unit 1). Also, there are conditions which are first indicators of systemic disease (Unit 6). There are also specific musculoskeletal problems which are common in the lower limb (Unit 2), the upper limb (Unit 4) and the back (Unit 5). Therapeutic agents in joint pains (Unit 3) completes the set of 6 units.

To be complete, the distance learning course needs supplementation by opportunities for face-to-face interaction. We have therefore, included firstly, seminars which are sessions to highlight key-points in the knowledge

base. Secondly, we have the workshops – they provide opportunities to scrutinize clinical problems and compare the results of our interpretation of such problems as well as to clarify, exchange and share insights in the use of therapeutic agents in managing joint pains. The face-to-face sessions also have question-and-answer slots to provide opportunities to raise related questions and hear answers from both the resource persons and fellow participants.

## THE MUSCULOSKELETAL DISORDERS DISTANCE-LEARNING COURSE OUTLINE

The Musculoskeletal Disorders Distance-learning Course outline is given below.

### Distance learning units

#### *Unit 1*

##### Osteoporosis

- κ Presentation of Osteoporosis
- κ Pointers in assessment
- κ Complications
- κ Prevention
- κ Non-pharmacological aspects of management
- κ Evidence based pharmacological treatment

#### *Unit 2*

##### Osteoarthritis of knee and hip

- κ Assessment of symptoms
- κ Clinical findings
- κ Investigations
- κ Treatment

#### *Unit 3*

##### Therapeutic agents in joint pain

- κ Analgesics and NSAIDs
- κ Usefulness and Side effects
- κ Important Interactions
- κ Prescribing tips

#### *Unit 4*

##### Orthopaedic problems of the upper limb in the primary care setting

Key features in pathology, diagnosis and treatment of the following conditions

- κ Trigger Finger
- κ Carpel Tunnel Syndrome
- κ Tennis and Golfer's elbow
- κ Frozen Shoulder

---

GOH LEE GAN, Senior Consultant Family Physician, Department of Community, Occupational and Family Medicine, National University of Singapore

*Unit 5*

## Low back pain

- κ Approach to Symptoms
- κ Common Conditions that present as backache
- κ Treatment modalities for acute backache
- κ Red Flags to look out for

*Unit 6*

## Systemic disease that present as joint pain

- κ When to suspect disease and
- κ How to assess?
- κ Key features, diagnostics and management pointers of some important conditions
- κ When to refer?

**FACE-TO-FACE SESSIONS****Seminar 1: 12 July 2003**

- (1) Osteoporosis
- (2) Osteoarthritis of the knee and hip
- (3) Therapeutic agents in joint pain

**Workshop: 12 July 2003**

Group A: Case discussion. Osteoporosis: Putting knowledge into practise

Group B: Panel discussion and consensus. Best practices in the prescription of analgesics

**Seminar 2: 13 July 2003**

- (1) Orthopaedic problems of the upper limb
- (2) Low back pain
- (3) Systemic disease that present as joint pain

**Workshop: 13 July 2003**

Group A: Case discussion. Osteoporosis: Putting knowledge into practise

Group B: Panel discussion and consensus. Best practices in the prescription of analgesics