Rady Faculty of Health Sciences | University of Manitoba

Max Rady College of Medicine
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Objectives: Common Musculoskeletal Complaints

Neck Pain

1. In patients with non-traumatic neck pain, use a focused history, physical examination and investigations to distinguish serious, non-musculoskeletal causes (e.g. lymphoma, carotid dissection), including those referred to the neck (e.g. myocardial infarction, pseudotumour cerebri) from other non-serious causes.
2. In patients with non-traumatic neck pain, distinguish by history and physical examination, those attributable to nerve or spinal cord compression from those due to other mechanical causes (e.g., muscular).
3. Use a multi-disciplinary approach (e.g. physiotherapy, acupuncture, massage) in the treatment of patients with chronic neck pain (e.g. degenerative disc disease).
4. In patients with neck pain following injury, distinguish by history and physical examination, those requiring imaging to rule out a fracture from those who do not require imaging (e.g. C-spine rules).
5. When reviewing neck X-rays of patients with traumatic neck pain, be sure all vertebrae are visualized adequately.

Shoulder and Elbow Pain

1. In patients with non-traumatic shoulder pain, use a focused history, physical examination and investigations to distinguish serious, non-musculoskeletal causes (diaphragmatic irritation, cardiac disease, polymyalgia rheumatica) from non-serious causes.
2. In patients with suspected musculoskeletal shoulder pain evaluate for a potential cause (rotator cuff pathology, bicep tendonitis, bursitis).
3. Use a combination of pharmacologic (e.g. anti-inflammatories, steroid injections) and non-pharmacologic methods (e.g. physiotherapy) in the management of musculoskeletal shoulder conditions.
4. In patients with acute complete rotator cuff tears, urgently refer for orthopedic consultation.
5. In patients with non-traumatic elbow pain, use a focused history, physical examination and investigations to distinguish between medial epicondylitis, lateral epicondylitis and ulnar neuropathy.
6. Treat epicondylitis with both pharmacologic and non-pharmacologic methods.

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Wrist Pain

1. In patients with wrist pain use history, physical examination and investigations to distinguish between neurologic causes (e.g. carpal tunnel syndrome), musculoskeletal causes (e.g. tendonitis), orthopedic conditions (e.g. scaphoid fracture) and rheumatologic causes (e.g. gout).
2. Use appropriate pharmacologic and non-pharmacologic treatments depending on the etiology of wrist pain.

Hip Pain

1. In patients with hip pain, use a focused history, physical examination and investigations to distinguish between non-musculoskeletal causes (e.g. polymyalgia rheumatica, radiculopathy) and musculoskeletal causes (e.g. occult fracture, osteoarthritis)
2. Use a combination of pharmacologic and non-pharmacologic methods in the management of hip pain depending on the etiology.

Knee Pain

1. In patients with knee pain, use a focused history, physical examination and investigations to distinguish between non-musculoskeletal causes (e.g. gout, septic arthritis) from musculoskeletal causes (osteoarthritis, patellofemoral syndrome, tendonitis).
2. Use a combination of pharmacologic and non-pharmacologic methods in the management of knee pain depending on the etiology.
3. In patients with knee osteoarthritis, pursue non-pharmacologic methods (e.g. low impact exercise) before pursuing a knee replacement.

Ankle and Foot Pain

1. In patients with ankle pain, use a focused history, physical examination and investigations to distinguish between non-musculoskeletal causes (e.g. gout) from musculoskeletal causes (e.g. ankle sprain, Achilles tendonitis).
2. In patients with a high-grade ankle sprain, immobilize, refer for physiotherapy and refer to orthopedics if required.
3. Use the Ottawa Ankle Rules to order imaging of the ankle or foot if clinically indicated.
4. Consider plantar fasciitis and calcaneal spurs for foot pain at the base of the foot and treat appropriately.

** Mapped to the CFPC's 105 priority topics: #41-Fractures & #68-Neck Pain