Community MSK Recovery Objectives – NHS England

Theme	Objective
PIFU	Ensure that community physiotherapy services are utilising PIFU methodology to maximum effect.
Self Management	1. Self referral 2. Waiting well
MSK triage and MDTs	1. Optimise the use of community MSK triage services 2. Optimise the use of community/secondary care MDTs
FCP Optimisation	Optimise the governance of FCPs and support FCPs to upskill their primary care colleagues in MSK assessment and treatment.
Support systems to achieve key targets	• Agree appropriate metrics • Support systems to provide timely data with a standard data platform • Explore unwarranted variation to identify services who need additional support
Mutual Aid	Explore the feasibility of a mutual aid pilot where waiting list pressures can be shared
Pathways	Support the localisation and implementation of national pathways
Expanding the workforce	Explore the feasibility of expanding the support workforce e.g. band 4 therapy assistant practitioner roles

CERVICO-CRANIAL RED FLAG SCREENING

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THE TEAM

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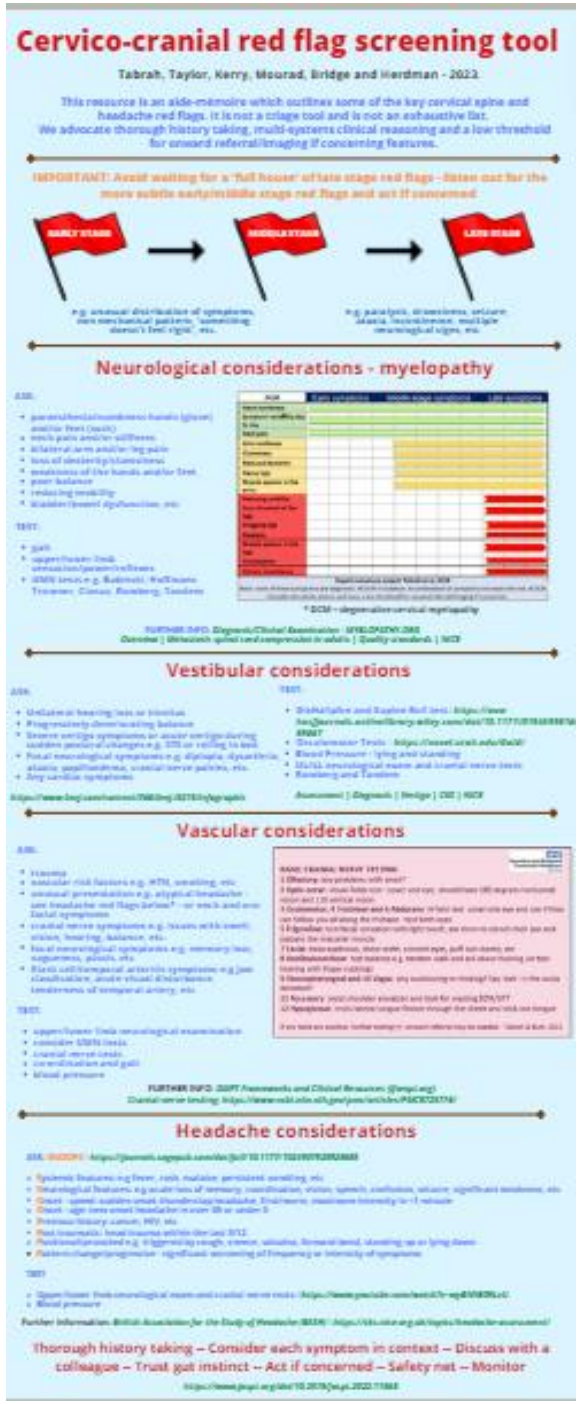

THE RATIONALE

- Confidence in screening for serious head and neck pathology varies
- Lots of head and neck red flags to remember!
- Cranial nerve testing and vestibular testing are not considered part of the mainstream MSK assessment
- General fear of dizziness, vestibular testing and cranial nerve testing amongst some clinicians
- Debate around ‘over-imaging’ and ‘under-imaging’
- This first resource is aimed primarily at physiotherapists, osteopaths, chiropractors and first contact practitioners
- A separate resource will be created for GPs

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BASIC CRANIAL NERVE TESTING

1 Olfactory: any problems with smell?

2 Optic nerve: visual fields test - cover one eye, should have 160 degrees horizontal vision and 120 vertical vision

3 Oculomotor, 4 Trochlear and 6 Abducens: H field test: cover one eye and see if they can follow you all along the H shape - test both eyes

5 Trigeminal: test facial sensation with light touch, ask them to clench their jaw and palpate the masseter muscle

7 Facial: raise eyebrows, show teeth, scrunch eyes, puff out cheeks, etc

8 Vestibulocochlear: test balance e.g. tandem walk and ask about hearing (or test hearing with finger rubbing)

9 Glossopharyngeal and 10 Vagus: any swallowing or choking? Say 'aah': is the uvula deviated?

11 Accessory: resist shoulder elevation and look for wasting SCM/UFT

12 Hypoglossal: resist lateral tongue flexion through the cheek and stick out tongue

If any tests are positive, further testing +/- onward referral may be needed. Tabrah & Butt, 2022

Cervico-cranial red flag screening tool

Tabrah, Taylor, Kerry, Mourad, Bridge and Herdman - 2023.

This resource is an aide-mémoire which outlines some of the key cervical spine and headache red flags. It is not a triage tool and is not an exhaustive list.
We advocate thorough history taking, multi-systems clinical reasoning and a low threshold for onward referral/imaging if concerning features.

IMPORTANT: Avoid waiting for a 'full house' of late stage red flags - listen out for the more subtle early/middle stage red flags and act if concerned

e.g. unusual distribution of symptoms, non mechanical pattern, 'something doesn't feel right', etc.

e.g. paralysis, drowsiness, seizure, ataxia, incontinence, multiple neurological signs, etc

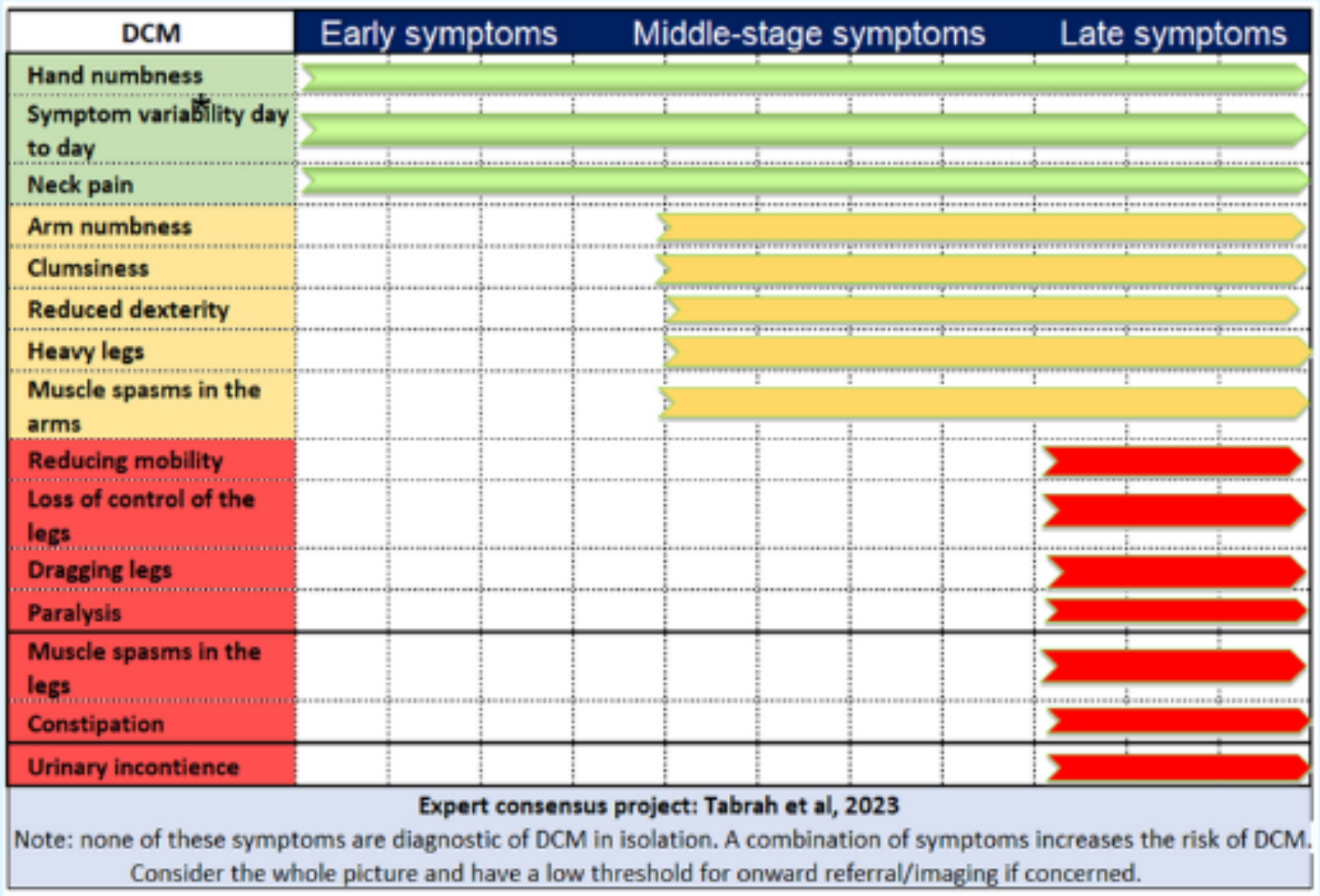
Neurological considerations - myelopathy

ASK:

- paraesthesia/numbness hands (glove) and/or feet (sock)
- neck pain and/or stiffness
- bilateral arm and/or leg pain
- loss of dexterity/clumsiness
- weakness of the hands and/or feet
- poor balance
- reducing mobility
- bladder/bowel dysfunction, etc

TEST:

- gait
- upper/lower limb sensation/power/reflexes
- UMN tests e.g. Babinski, Hoffmans Tromner, Clonus, Romberg, Tandem



* DCM = degnerative cervical myelopathy

FURTHER INFO: *Diagnosis/Clinical Examination - MYELOPATHY.ORG*
Overview | Metastatic spinal cord compression in adults | Quality standards | NICE

Vestibular considerations

ASK:

- Unilateral hearing loss or tinnitus
- Progressively deteriorating balance
- Severe vertigo symptoms or acute vertigo during sudden postural changes e.g. STS or rolling in bed
- Focal neurological symptoms e.g. diplopia, dysarthria, ataxia, papilloedema, cranial nerve palsies, etc.
- Any cardiac symptoms

https://www.bmj.com/content/366/bmj.l5215/infographic

TEST:

- DixHallpike and Supine Roll test: *https://aao-hnsfjournals.onlinelibrary.wiley.com/doi/10.1177/019459981668667*
- Occulomotor Tests - *https://novel.utah.edu/Gold/*
- Blood Pressure - lying and standing
- UL/LL neurological exam and cranial nerve tests
- Static and dynamic balance testing e.g. Romberg & Tandem

Assessment | Diagnosis | Vertigo | CKS | NICE

Vascular considerations

ASK:

- trauma
- vascular risk factors e.g. HTN, smoking, etc
- unusual presentation e.g. atypical headache - see headache red flags below* - or neck and oro-facial symptoms
- cranial nerve symptoms e.g. issues with smell, vision, hearing, balance, etc.
- focal neurological symptoms e.g. memory loss, vagueness, ptosis, etc
- Giant cell/temporal arteritis symptoms e.g jaw claudication, acute visual disturbance, tenderness of temporal artery, etc

TEST:

- upper/lower limb neurological examination
- consider UMN tests
- cranial nerve tests
- co-ordination and gait
- blood pressure

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FURTHER INFO: ***OMPT Frameworks and Clinical Resources (ifompt.org)***

Cranial nerve testing: ***https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8725776/***

Headache considerations

ASK: SNOOP4 - *https://journals.sagepub.com/doi/full/10.1177/1024907920928688*

- **S**ystemic features: e.g fever, rash, malaise, persistent vomiting, etc
- **N**eurological features: e.g acute loss of memory, coordination, vision, speech, confusion, seizure, significant weakness, etc
- **O**nset - speed: sudden onset thunderclap headache, first/worst, maximum intensity in <1 minute
- **O**nset - age: new onset headache in over 50 or under 5
- **P**revious history: cancer, HIV, etc
- **P**ost traumatic: head trauma within the last 3/12
- **P**ositional/provoked e.g triggered by cough, sneeze, valsalva, forward bend, standing up or lying down
- **P**attern change/progressive - significant worsening of frequency or intensity of symptoms

TEST

- Upper/lower limb neurological exam and cranial nerve tests: i***https://www.youtube.com/watch?v=wyBNYB0RLvU***
- Blood pressure

Further information: ***British Association for the Study of Headache (BASH)*** | ***https://cks.nice.org.uk/topics/headache-assessment/***

Thorough history taking -- Consider each symptom in context -- Discuss with a colleague -- Trust gut instinct -- Act if concerned -- Safety net -- Monitor

https://www.jospt.org/doi/10.2519/jospt.2022.11568

REFLECTIONS AND TAKE AWAYS

Don't panic	Most head and neck presentations are benign
Don't be complacent	Don't wait for a full house of 'end stage' red flags
Catch them early	Listen out for the more subtle 'early stage' red flags and have a low threshold for onward referral/imaging if you are concerned
Context	Look at the whole picture – none of these red flags are diagnostic in isolation
Two heads are better than one	Always seek a second opinion where possible
Graded approach	Select the appropriate questions/tests and take a graded approach
Listen and believe	Many clinical tests lack diagnostic accuracy – history taking is key; listen and believe

THANK YOU FOR LISTENING

QUESTIONS?