

Musculoskeletal Pain

Musculoskeletal pain covers a large range of pathologies from symptomatic aged-related degeneration to inflammatory conditions. Internal referral from rheumatology, orthopaedic and neurosurgery clinics occurs when there is no plan for surgical intervention or disease-modifying agent.

Available management options (with realistic expectation rather than complete cure) range from

- specific intervention
- limited pharmacology or
- suggested physical/psychological techniques,

Our service does not cater for “support” or validation of opioid prescription for authority purposes, “outside” our recommendation. Please do not commence opioid prior to patient assessment (the exception being cancer pain or the occasional elderly clients with clear pathology).

Information Required

- Detailed history and relevant examination
- Present and past treatment including complementary
- Other specialist involvement
- Red flags – elderly, weight loss, night sweats, fever, progressive neurology
- Psychosocial component (yellow flags)
- Addiction/substance misuse/drug seeking/shopping
- Patient expectation and belief (if possible)

Investigations Required

- Routine bloods (FBE, U&E, LFT, ESR, Vit D, Ca, TFT)
- Specific rheumatological screening if indicated
- Specific SPEP, BJ urinary protein, PSA if clinically indicated
- Limited imaging unless strong clinical indication (red flags)
- Avoid excessive use of CT scan in “yellow flags”

Fax Referrals to

Repatriation General Hospital Fax: 8277 9476

Flinders Medical Centre

Fax: 8374 1758

Red Flags

Red flags should prompt immediate GP referral to **Emergency Department**

- Acute neurology compromise (paraplegia, quadriplegia, cauda equine), spine/joint infections, unstable spine
- Suspected malignancy

Suggested GP Management

- **Avoid opioid**
- Referral to local physiotherapy under GP Team Care Plan for active, low grade regular self-stretches and strengthening programme (avoid passive massage/manipulation)
- Local psychology referral under Mental Health Care Plan if there are significant psychosocial component or impact for CBT/relaxation/distraction
- Avoid referral for interventions/injections based on imaging findings unless clinically correlated (refer [Pain Interventions guidelines](#))

Clinical Resources

- Pain Unit service description and triage guidelines
- Pain Unit Intervention referral guidelines
- NHMRC guidelines for the management of acute musculoskeletal pain
- http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/cp94.pdf

General Information to assist with referrals and the and Referral templates for FMC and RGH are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients

Version	Date from	Date to	Amendment
1.0	November 2014	November 2016	Original