

Musculoskeletal Medicine in Clinical Practice

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With 24 Figures



Springer

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British Library Cataloguing-in-Publication Data

A catalogue record for this book is available from the British Library

Library of Congress Control Number 2001012345

ISBN-10: 1-85233-966-7 Printed on acid-free paper

ISBN-13: 978-1-85233-966-1

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Printed in the United States of America. (BS/EB)

9 8 7 6 5 4 3 2 1 SPIN 11377283

Springer Science+Business Media
springeronline.com



Dedicated to
all those who have sought to replace fantasy by fact
in this controversial field.



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Foreword

Begin at the beginning and go on until you come to the end; then stop.

Lewis Carroll (1832–1898), *Alice's Adventures in Wonderland*

This book does indeed begin at the beginning and lays a very firm foundation by not only clearly defining the subject, namely musculoskeletal medicine, but also stating what the text discusses.

Having prepared the ground in a business-like manner, the author approaches the subject in a precise and informative manner. This is all to the good, as there is a dearth of informed and informative works concerning this particular aspect of medical practice. Therefore, this book should be welcomed by all those for whom it is written, namely health care professionals and their patients.

Those who expect a textbook of practice will be disappointed. Whilst there is information aplenty, this is not a bench book; rather, it is a more leisurely guide to the clinical and administrative aspects of an important but neglected area of human suffering. The reader must appreciate that this book needs more than a single read-through. It should be read thoroughly and inwardly digested before either rushing to take up the cudgels of manipulation or to condemn the author roundly for propagating witch-doctoring.

However, the latter should not be undertaken lightly, for the author is a man of long experience in the field and is well known and respected for his sense and sensitivity. Before crossing swords with John Paterson, the tyro should be very sure of the facts upon which his adversarial conduct is placed. The end result will be such that one or more of the practices described herein would be extremely welcome.

Whatever the initial reaction, on more mature consideration it is soon realised that the trend running through this book is not only to inform but also to initiate thought and debate. It subserves this task well, and although not all readers will agree with all the diagnostic and therapeutic proposals, it will, undoubtedly, make people think, and with thought to see how they may change their practices to benefit their patients. Also, patients will gain some insight into the difficulties their doctors face and through this will be able to help themselves and their caregivers more effectively.

This is a well-referenced and readable book, with further reading indicated, together with a glossary. It is a well-constructed book, recommended to all who have interest in this aspect of medicine and to those who wish to learn more.

So to the end; but the end is really the beginning. More information will lead to better practice and more enquiry will lead to more practitioners adding further skills and expertise with which to benefit their patients. The patients, too, will imbibe knowledge of the problems associated with their treatment and be aware of the constraints applied to and impeding their helpers. What more can any reader ask for?

Dr. Keith Budd,
Menston, Ilkley, West Yorkshire

Preface

Musculoskeletal medicine is a term that has been introduced relatively recently. It has not as yet been really adequately defined, with the result that large numbers of both the medical profession and the public have become confused as to what it really is. This situation demands clarification. It is primarily involved with the study of pain perception and its modification, as well as the anatomy, physiology, and pathology of the skeleton and the muscular system, which inevitably includes the extremely complex neuromuscular control mechanisms. It necessarily involves the interaction between all these elements. It is secondarily the practice of a variety of simple therapies aimed at relieving pain and reducing disability. An understanding of the epidemiology of its various manifestations is imperative for all those working in this field.

This short book outlines 15 different aspects of musculoskeletal medicine. It is not intended to be a comprehensive text (and it is restricted almost exclusively to spinal concerns), but it does address some of the more important problems found in this controversial field, and it offers a number of more informative sources the interested reader may pursue at will.

Little is currently taught of the subject within orthodox medicine. In view of the very common incidence of musculoskeletal problems in the community, and the enormous potential savings likely to be derived from widespread adoption of musculoskeletal techniques, particularly in general practice, this reveals an unacceptable gap in medical training. Of fundamental concern to altering this situation is the manner in which the orthodox medical profession currently views musculoskeletal medicine. Four main attitudes are found.

Many doctors still regard musculoskeletal medicine as little more than a hoax, believing its component parts to be at best marginal, complementary, or alternative. They feel that it should be shunned by the orthodox establishment. In view of some of the outlandish claims made for it, this at first sight seems a perfectly reasonable view.

A considerable number, in some degree and perhaps reluctantly, recognise its uses (and its limitations), although they are not prepared to delve into it in depth, or to espouse it in public.

A small but growing number practice it to a varying extent, in a plethora of guises. In 2004 they remain a small percentage of the profession.

A proportion of the third group appears to have gone overboard in their somewhat uncritical acceptance of the tenets of the declared alternative ideologies, such as osteopathy and chiropractic, some of which have been shown not to have the benefit of scientific proof.

Observing the changing trends in the field over 40 years, I have come to the conclusion that the potential benefits to the patient that may be derived from a clearer understanding of the field throughout the medical profession are more than substantial – they are enormous. The most difficult question is how best to promote this. The chief obstacles to achieving such an understanding lie in the manner in which the field has been previously presented to the profession at large. To this end it is necessary to consider current attitudes, with a view to possibly changing them.

The first group mentioned very properly shows great caution in accepting an ideology (or rather a hodgepodge of somewhat similar, though sometimes conflicting ideologies) in the absence of valid supporting evidence. For them, the need is for presentation of such evidence as there is, in a sober, scientific manner. My aim here is to point them in the right direction for discovering such admittedly limited evidence as does exist.

The second group comprises those who are fundamentally perhaps less antipathetic toward musculoskeletal medicine, but who are similarly demanding of the production of valid evidence. They may be more ready to change their views and practices as a result of this demand being met. If such changes are to come about, they nonetheless need solid reassurance regarding the potential value and the remarkable safety of the therapeutic techniques of musculoskeletal medicine, in preference to their just being told they are wrong not to plunge into the not very clearly defined musculoskeletal melting pot.

The third group needs no persuasion, but they do need to standardise their teaching on a genuinely scientific basis, if they are to be generally accepted internationally.

The fourth group knows that it has the God-given truth. Those who “know” as a matter of faith in so doing render themselves incapable of learning, and this will be crystal clear to doctors in groups 1 and 2 – the majority. As I see it, the confrontational approach adopted by some of this frankly prejudiced group virtually guarantees failure to change the minds of the bulk of the profession.

Some will view with suspicion the number of references to the work of Burn and myself. This is deliberate, not by way of self-advertisement, but rather because we offer over 1200 sources in the literature, supporting what we have written and taught over 17 or 18 years.

Is this short book of any value? Its chances of influencing group 4 are near to nil, but this does not matter in the slightest. It might prove of interest to group 3, and greater coordination internationally would certainly show the field in a better light. If it can reassure group 2, indeed it has real value. If it penetrates the perfectly understandable, deeply ingrained reservations of group 1, it will have made a substantial contribution to the well-being of a great many patients. But first it needs to be read – critically, but without too much bias! At the same time, a better informed public is likely to call for the changes necessary to achieve any real improvement in the current, very unsatisfactory situation.

I am deeply grateful to Dr. Keith Budd for his meticulous, positively critical comments on my original draft, and for his thoughtful foreword to this book.