



**Service Priorities and Programmes
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Submitting author: Mr George Kwok Cheong WONG

Post title: Physiotherapist I, Prince of Wales Hospital, NTEC

Two-year clinical review on Allied Health Musculoskeletal Program in Family Medicine Clinics in NTEC

Leung, MKW (1) Wong, GKC (2) (presenting author) Ngan, ISY(3) (presenting author) Chiu, CWH (1) Law, KW (1) Kwan, CW (1) Kung, K (1) Wong, CL (1) Wong, INC (2) Au, FLY (3) Lam, AT (1) Li, PKT (4)

(1) Department of Family Medicine, PWH (2) Physiotherapy Department, PWH (3) Occupational Therapy Department, PWH (4) Department of Medicine, PWH

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Introduction

Musculoskeletal symptoms are one of the major complaints encountered in General Outpatient Clinics in NTEC. The most common symptoms are shoulder, back, neck, and knee pain. To cope with the high patient volume among hospital-based allied health services, a new program involving community-based physiotherapy and occupational therapy was initiated in NTEC GOPCs, where earlier intervention in the form of initial group education and subsequent individual treatment is provided.

Objectives

- To review the service of Musculoskeletal Program of Allied Health clinic in NTEC from Feb 2012 to Nov 2013.
- To assess the clinical effectiveness of treatment intervention
- To assess the efficiency of service delivery

Methodology

Methodology Patients with Musculoskeletal disorders were referred from YCK and LY GOPC and FLFMC. Injury-on-duty, acute severe trauma and post-surgical conditions were excluded. Assessment and triage by both Physiotherapist and Occupational Therapist were conducted in the first session, followed by Group Education Class. Individual sessions were arranged if indicated. Patients who required further intensive or specialized intervention were referred for appropriate settings. Data Collection Clinical and service-related data were collected through a self-conducted questionnaire on patients' first attendance. Outcome evaluation includes Numeric Pain Rating Score (NPRS), Numeric Global Rating Scale (NGRS), Roland Morris Disability Questionnaire (RMDQ, Back), Neck Pain Questionnaire (NPQ, Neck), Disability of Arm and Shoulder (DASH, Upper Limbs), and Oxford Score (Knee).

Result

Result Total 1488 cases received intervention from MSK program, with mean age 56.7 year-old (19-92). The major involved body parts were shoulder (21.2%), back (19.3%), knee (19.1%) and neck (8.6%). Clinically, NPRS decreased from 59.3% to 16%. NGRS improved by 67%. Statistically significant improvement was shown in DASH, RMDQ and NPQ ($p < 0.05$; Paired Sample T-test). The average waiting time was 5.89 weeks. On average, 6 sessions were required before discharge. Only 2% cases were referred out: 12 complicated cases to hospital OPD, 17 for specialized program and 4 cases referred to NGO. Conclusion The MSK programme has been shown to be effective in pain improvement and efficient in service delivery. The relatively short waiting time may play an important role in symptom improvement. The format of group education on patient empowerment and promotion of healthy lifestyle, followed by therapy, benefit patients in primary health care system. Future development in the role of Allied health in Primary Health Care system could be recommended.