



PREVENTION. CARE. RECOVERY.

Te Kapōreihana Āwhina Hunga Whara

Acupuncture Treatment Profiles

➤ MAY 2006

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Introduction

The Acupuncture Treatment Profiles were developed by the New Zealand Register of Acupuncturists Inc. in consultation with the New Zealand Acupuncture Standards Authority in a joint initiative with ACC.

Traditional Chinese Medicine preface

The Acupuncture Treatment Profiles are a valuable guide in the application of protocols that are included within a Traditional Chinese Medical (TCM) diagnosis, providing important information that assists an acupuncturist's treatment strategy.

The integration of biomedicine and TCM presents opportunities that complement and support a holistic approach to treatment. The nature of TCM philosophy is to build an increasingly detailed picture of a person's health to assist in rehabilitation. It does this by drawing together many facets, of which biomedical assessment is an important part. This assessment is incorporated into the overall diagnosis, giving rise to effective treatment regimes.

A biomedical assessment may limit injury to site only and see it as separate from the patient's broader experience as defined in TCM. Framed within the context of TCM knowledge however, it can form a potent tool, enhancing the therapeutic potential of treatment. For reasons of safety and efficacy it is assumed that practitioners using these profiles will have reached minimum competency.

Number of treatments

Treatment numbers stated in this document relate to a specific diagnosis without complications, which has been referred for treatment at an appropriate stage of the healing process.

The numbers have not been developed as evidence-based practice guidelines, but rather to provide a consensus on acceptable treatment ranges.

Triggers

Trigger numbers indicate the number of treatments after which ACC would appropriately seek a review of the services that have been provided.

Any treatment provided for a particular individual will be considered in consultation with the provider acupuncturist. The trigger number is the appropriate time for a case manager to approach the provider acupuncturist and consider requesting a review by an assessor.

Key points

Profiles have this section added in order to highlight important frontline management for that injury.

Special considerations (WMS and TCM)

This section highlights special concerns that need to be considered when treating this condition. A TCM diagnosis will always involve a Western Medical Science (WMS) diagnosis.

History (WMS and TCM)

This section gives a general overview of the significant factors that should be considered in the history of this condition, including both Western and Traditional Chinese medicine.

Examination (WMS and TCM)

This section outlines the main components that should be undertaken in a normal examination. This is not an exhaustive list, and does not include factors that would be included as part of a routine TCM case history, as extensive TCM diagnosis is beyond the scope of this document. The examination procedure should include most of the following:

- Observation
- Active movement testing
- Passive movement testing
- Accessory movement testing
- Palpation
- Functional tests

WMS differential diagnosis

Currently acupuncturists are referred patients who have already received a diagnosis from a primary treatment provider. This section is included, however, because acupuncturists are qualified to provide a provisional diagnosis, and also to illustrate the range of conditions considered in making the original diagnosis. The list is not intended to be exhaustive, and practitioners are encouraged to seek further medical advice on conditions that seem unusual.

WMS complications

This section gives some examples of complications that may hinder the recovery time of a patient or move the patient outside the scope of these “uncomplicated” injury profiles and would then require the appropriate referral action.

TCM differential diagnosis

Acupuncturists are expected to treat from a TCM perspective in addition to considering biomedical diagnoses. TCM diagnoses that would normally be considered are listed for each type of injury, as well as concurrent syndromes that may be involved in chronic or recurrent injuries, or injuries that have failed to respond well to prior treatment. The list is not intended to be exhaustive, and practitioners are expected to treat according to presenting signs and symptoms in accordance with TCM diagnostic criteria.

TCM complications

Injuries can become chronic and lead to other disease states as diagnosed in TCM. The complications listed are some of the more common scenarios that may develop as a result of the injury but this is by no means an exhaustive list.

Treatment rehabilitation

Both Western medicine and TCM treatment goals are listed.

This section is further divided into two sub sections: acute and sub-acute. For the purposes of these profiles acute has been described as within the first 10 to 14 days of an injury occurring, or post surgical intervention. Sub-acute is considered any time after this.

This section is not intended to be a step-by-step guide to treatment, as these profiles are designed to be used by fully qualified TCM practitioners with a wide range of backgrounds and clinical experiences. In particular, where “acupuncture” is listed as a suitable treatment, the selection of points to be used has not been prescribed here because the treatment used will depend upon the individual patient’s presenting signs and symptoms and the practitioner’s clinical experience.

Onward referral

This section gives the appropriate referral that should be considered if the patient’s condition causes concern to the treatment provider.

GP referral may be for considering time off work, medication or further testing and follow-up.

NOTE

Acupuncturists registered with ACC have had extensive training in acupuncture and its various application techniques.

Many acupuncturists also have training and have gained qualifications in other related TCM modalities such as herbal medicine.

Not all modalities used by ACC acupuncture providers are at this stage funded by ACC. Modalities that are not funded are indicated with a * symbol throughout the document. Refer to the Glossary for an explanation of TCM terms.

For the details of modalities funded, please refer to the lists below.

ACC funded rehabilitation:

- Acupuncture
- Electro-acupuncture
- Auricular acupuncture
- Laser acupuncture
- Moxibustion
- Cupping
- Gua sha
- **Tui na** (Chinese massage)

Non-ACC funded rehabilitation:

- Liniments and herbal plasters*
- Herbs and nutritional supplements (Chinese, Western)*
- Ion-pumping cords*

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Glossary

Abbreviations

The channel abbreviations are those as suggested by the World Health Organisation,

LU – Lung
LI – Large Intestine
ST – Stomach
SP – Spleen
HT – Heart
SI – Small Intestine
BL – Bladder
KI – Kidney
PC – Pericardium
SJ – San Jiao
GB – Gall Bladder
LR – Liver

Treatment techniques

This Glossary incorporates TCM concepts and physiological processes from evidence-based studies.

Acupuncture (TCM)

The insertion of fine, sterile, stainless steel needles into the body at carefully selected points which can be but is not limited to the following:

Relieves pain by treating stagnation of Qi and Blood in the affected areas and channels

Releases endogenous opioid peptides e.g. endorphins

Treats Qi block (shock)

Calms the **Shen** (mind-spirit)

Reduces oedema

Decrease inflammation

Promotes wound and fracture healing

Relieves muscle spasm

Restores motor function

Promotes nerve regeneration

Reduces scarring and adhesions

Induces other changes in: neurotransmitters, blood sugar levels, hormones, amino acids, gastric acid, gastric and gut peristalsis, polypeptides, blood flow, blood pressure, blood components e.g. white blood cells etc

Promotes immune responses

Dilates the bronchi

Treatment rehabilitation:

Acute phase: Lists the types of treatments suggested to obtain a therapeutic result

Sub-acute phase: Lists the types of treatments suggested to obtain a therapeutic result

Electro-acupuncture

Electrical stimulation applied to acupuncture needles which:

Promotes Blood and Qi circulation

Provides pain relief

Restores motor function

Promotes nerve and muscle regeneration

Reduces oedema

Reduces inflammation

Reduces scarring and adhesions
Promotes natural opiate release
Changes: neurotransmitters, blood sugar levels, hormones, amino acids, gastric acid, gastric and gut peristalsis, polypeptides, blood flow, blood pressure, blood components e.g. white blood cells etc

Auricular acupuncture

A microsystem of the whole body represented on the ear which:
May be used alone or adjunctively to reinforce acupuncture and other techniques
Alters brain responses (neurophysiological mechanisms) e.g. relieves nausea, relieves pain
Normalises the flow of Qi and Blood
Stimulates and regulates channels
Assists organ function
Treats Qi block (shock)

Laser acupuncture

The use of laser light on acupuncture points which:
Invigorates Blood and Qi in tissues and channels
Reduces oedema
Reduces inflammation
Stimulates cell growth in connective tissue, tendon, bone, nerve, skin
Reduces fibrous tissue formation e.g. burns, wounds, post-surgery
Stimulates nerve regeneration
Especially useful for treating injury in children

Moxibustion

The burning of Moxa (*Artemesia Vulgaris*) to apply heat to points/areas on the body which:
Stops bleeding by warming channels
Dispels pathogenic factors
Moves stagnant Blood and Qi in affected areas and channels
Facilitates smooth Qi and Blood circulation
Warms and tonifies Qi
Strengthens **Yang** Qi
Nourishes and invigorates Blood
Disperses Cold and expels Wind
Relieves pain

Cupping

The application of suction cups to the body which:
Removes stagnant Qi and Blood
Promotes Blood and Qi circulation
Draws to the surface and expels pathogenic factors e.g. Wind obstructing the channels
Dispels dampness
Relieves pain by drawing blood into muscle
Relieves contracture by drawing blood into ligaments and tendons
Adjusts and enhances **Zang Fu** functions

Gua sha

One of the Chinese therapeutic manual techniques which:
Treats diseases of external origin
Relieves chronic and consistent pain by moving stagnant Qi and Blood
Promotes circulation of Qi and Blood
Reduces bruising

Tui na (Chinese therapeutic massage)

One of the Chinese therapeutic manual techniques which:
Promotes Qi and Blood circulation in the channels
Invigorates Blood
Releases tightness, tension or spasm in muscle, tendon and ligament
Breaks up adhesions
Reduces scarring
Provides gentle stretching and mobilisation/massage of muscles, tendons, ligaments and joints
Relieves pain

Liniments and herbal plasters (non-alcohol based)*

A herbal preparation applied to the body which:

- Promotes Blood and Qi circulation
- Clears stagnant Qi and Blood
- Reduces inflammation, swelling and pain
- Releases tightness, tension or spasm in muscle, tendon and ligament
- Promotes tissue healing
- Promotes fracture healing
- Resolves bruising

Ion-pumping cords*

A specialised treatment technique developed by Dr Yoshio Manaka for the treatment of burns and other conditions which:

- Comprises copper wires attached to clips, with a diode in one clip so that the electrical flow progresses in one direction and connects to acupuncture needles and/or foil placed over the injured area
- Uses the body's inherent relative electrical potentials
- Provides dramatic local pain relief in the burned area

Muscle-tendino (sinew)

Also known as tendino-muscle channels or sinew network vessels

Eight extraordinary vessels

Their basic function is to supplement the insufficiencies of the other channels and also act as reservoirs of evil Qi (**Xie Qi**)

Fundamental substances

The following substance definitions are taken from TCM theory and philosophy.

Qi

Qi is the vital force of life which:

- Is usually understood to mean “energy”
- In Chinese medicine has many different forms e.g. Protective energy (**Wei Qi**)
- Is the material substrate of the Universe
- Is the material and spiritual substrate of human life
- Is a primordial impulse which stands at the origin of the Universe and creates all the phenomena within it
- Is **Yang** in nature

Blood

Blood is a material substance which:

- Moistens and nourishes the entire body through circulation
- Is the mother of Qi
- Is inseparable from Qi – Qi infuses life into Blood and without Qi, Blood would not flow
- Is a **Yin** fluid
- Moves and circulates with Qi

Jing

Jing is usually translated as “essence” which:

- Determines our basic constitutional strength
- Is responsible for determining physical growth and development, reproduction and maintenance of life
- Produces marrow and also fills the spinal cord and brain
- Is a **Yin** substance

Shen

Shen is one of the Vital Substances of the body which:

- Is translated as “spirit” or “mind”
- Allows the ability to think, form ideas, discriminate and choose appropriately
- Can be seen as the sparkle in the eyes

Jin Ye

Jin Ye embraces all normal fluid substances of the body, other than blood, and:

- Has two types:
 - **Jin** Liquid e.g. watery fluids moistening mucous membranes
 - **Ye** Humour e.g. thick turbid fluids e.g. synovial fluid
- Is **Yin** in nature

Concepts

The following concept definitions are taken from TCM theory and philosophy.

Channels

Channels are pathways which:

Are known as the **Jing**

Circulate Qi and Blood to the entire body

Are related to the **Zang Fu** internally

Are made up of five parts:

- Part One – the main, or regular, channels usually referred to as the 12 Channels and known as **Jing Mai**
- Part Two – divergent channels which run with the main channels and are called **Jing Bie**
- Part Three – the sinew channels, or musculo-tendino channels, which are known as the **Jin Mai**
- Part Four – the eight extraordinary vessels, known as the **Qi Jing Ba Mai**, which are the deepest and most fundamental of the channel systems, linking to our source Qi and to the universal Qi
- Part Five – connecting channels, known as the **Luo Mai**, which enmesh the body, forming a network running transversely between the **Jing Mai**, and also form small superficial branches on the surface of the body

Yin Yang

Yin and **Yang** are the two fundamental forces in the Universe which:

Are ever opposing, independent and interchanging

Sustain and complement each other

Are present in every aspect of life e.g. Qi is **Yang**, Blood is **Yin**, sun is **Yang**, moon is **Yin**

Zang Fu

Zang Fu are the internal organs which:

Are divided into **Zang** and **Fu**:

- **Zang** are **Yin** solid organs – heart, liver, spleen, lung, kidney, pericardium – which transform and store vital substances in the body
- **Fu** are **Yang** hollow organs – small intestine, gall bladder, stomach, large intestine, bladder, **san jiao** – which are mainly involved in transporting nutrients into, or waste out of, the body

Brain

The brain is an extraordinary organ located in the skull which:

According to the ancient Chinese, is “the sea of marrow”

Is considered to be the same in substance as marrow

Is most closely related to the Chinese concept of “Kidney” since the Kidney produces marrow

Bi Syndrome

Bi is translated as “impediment” and is usually understood to mean “obstruction” which:

Is a syndrome of the channels rather than the internal organs

Presents as pain, soreness, swelling, distention, heaviness or numbness of muscles, tendons, joints and bones

Is caused by invasion of external climatic pathogenic factors: Wind, Cold and Damp, which lead to stasis of Qi and Blood in the channels and collaterals

Is classified into four types:

- Wandering Bi in which pathogenic Wind predominates
- Painful Bi in which pathogenic Cold predominates
- Fixed Bi in which pathogenic Damp predominates
- Febrile Bi in which Wind, Cold and Damp, over time, transform into Heat

Xie Qi

Xie Qi is pathogenic or “evil” Qi which:

Refers to any external illness-causing factor

Is usually related to the six climatic factors: Wind, Cold, Fire, Damp, Summer Heat and Dryness

Stasis/Stagnation

Stasis is sluggish movement which:

Refers to the circulation of the fundamental substances Qi and Blood

Leads to blockage in channels when the stasis is chronic

Qi Block

Qi Block means “extreme shock” which:

Means Qi is severely compromised and life is threatened

Damages the Chinese concept of “Kidney” and its function
Occurs in severe trauma

Toxin (Heat/Damp)

Heat toxin and damp toxin are external “evil” pathogenic factors which:
Cause disease when they enter the body through the skin, body orifices or a wound.

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Tendonitis Achilles

Read Code: N2174	
Number of treatments: 12	Triggers: 16
Key points	Inflammation of the tendon itself or surrounding paratendon (peritendinitis) from overuse causing degenerative and inflammatory changes Termed Achilles tendinopathy if due to collagen degeneration
Special considerations (WMS and TCM)	Presentation is often sub-acute or chronic Recovery may be prolonged Refer if partial rupture is suspected Unsuitable footwear
History (WMS and TCM)	Mechanism of injury: unaccustomed running or long walk; change of running routine; change of sports footwear; repetitive stress; overuse Aching pain on using tendon Tendon feels stiff, especially mornings May be slow onset (weeks) Previous injury or steroid injection Previous history of injuries Previous treatment, management, investigations, outcomes Functional limitations Occupation Gout Joint problems
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation: <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation: <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Compare with other side Palpable crepitus on movement of tendon Pain on dorsiflexion Tight calf muscles Tender thickened tendon Calf squeeze (Thompson test) for tendon rupture Gait/weight-bearing ability Range of movement of ankle: active, passive Ankle joint dysfunction Other joint examination
WMS differential diagnosis	Bursitis (retro-calcaneal) Deep vein thrombosis Achilles tendon rupture (partial or complete) Tendonitis: tibialis posterior, peroneal, flexor hallucis longus Calcaneal stress fracture Other fractures Bruising/haematoma Inflammatory arthritis/gout/osteoarthritis Sever's disease (calcaneal epiphysitis) in children Compartment syndrome Subtalar or talar joint dysfunction Radiculopathy from lumbar spine

WMS complications	<p>Recurrence Rupture, particularly after steroid injection Steroid depositions Severe biomechanical dysfunction</p>
TCM differential diagnosis	<p>Injury to tendon following trauma Qi and Blood stasis in the affected channels following overuse, misuse or trauma Stasis of Liver Qi obstructing the flow in the affected channels Liver Blood deficiency failing to nourish tendons and ligaments Bi Syndrome resulting from the accumulation of Damp, Cold, Wind and/or Heat</p>
TCM complications	<p>Same as WMS complications above plus: Delayed healing or recurrence if predisposing factors are not corrected e.g. stasis of Liver Qi, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p>
Treatment rehabilitation	<p>WMS goals: Facilitate circulation; decrease inflammation; reduce oedema; decrease pain; restore range of movement</p> <p>TCM goals: Clear stasis of Qi, Blood, Damp, Cold, Wind and/or Heat to decrease pain and restore range of movement Nourish Blood and reinforce Qi to remove predisposing factors and correct any underlying deficiencies</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion</p> <p>Tui na Liniments and herbal plasters* Herbs and nutritional supplements*</p>
Onward referral	<p>GP Physiotherapist Osteopath Chiropractor Podiatrist Herbal Specialist *</p>

Fracture Ankle

Read Code: S34..

Number of treatments: 10

Triggers: 14

Key points	<p>Most common ankle fractures result from rotation of the talus in the mortise, fracturing one or both malleoli</p> <p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken</p> <p>Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
Special considerations (WMS and TCM)	<p>Open fractures have a high risk of infection</p> <p>Delay in treatment increases risk of complications</p> <p>Lateral versus medial fractures</p>
History (WMS and TCM)	<p>Mechanism of fracture: eversion, inversion, or external rotation</p> <p>Trauma may be subtle in the elderly e.g. sudden pain after stepping from a kerb</p> <p>History of previous fractures</p> <p>History of immediate treatment and care</p> <p>Pain</p> <p>Swelling</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation:</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation:</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Neurovascular status of foot: posterior tibialis and dorsalis pedis pulses, capillary return</p> <p>Haemarthrosis</p> <p>Deformity</p> <p>Swelling</p> <p>Bruising</p> <p>Temperature (especially coldness of the toes)</p> <p>Gait function of hip and knee</p> <p>Range of movement of ankle</p> <p>Mobility</p> <p>Weight-bearing ability</p> <p>Functional limitation</p>
WMS differential diagnosis	<p>Ankle sprain</p> <p>Dislocation</p> <p>Fracture of foot</p> <p>Fracture of tibia/fibula</p> <p>Lateral or medial ligament injury</p> <p>Tendon or muscle injury</p>

WMS complications	Swelling persisting for weeks or months is common Avascular necrosis Instability due to lateral ligament rupture Osteochondral fracture Non-union, delayed union, or malunion of fracture Deep vein thrombosis Infection Skin breakdown Nerve involvement Osteoarthritis
TCM differential diagnosis	Damage to bone and surrounding structures resulting in Qi and Blood stasis in the affected channels following trauma
TCM complications	Same as WMS complications above plus: Non-union of fracture due to factors such as concurrent Kidney Qi and Blood deficiency Chronic stasis of Qi and Blood may lead to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)
Treatment rehabilitation	<p>WMS goals: Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi Nourish Blood and reinforce Qi to enhance union of fracture and restore range of movement and prevent infection Correct any underlying patterns of imbalance Calm Shen</p> <p>Advice (WMS and TCM): Acute phase – rest, non-weight bearing Follow orthopaedic advice regarding weight-bearing status and exercise activity Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion</p> <p>Tui na Liniments and herbal plasters* Herbs and nutritional supplements*</p>
Onward referral	<p>Acute phase: Accident and emergency clinic for all fractures GP Physiotherapist Osteopath Chiropractor Podiatrist Herbal Specialist*</p>

Ankle Sprain

Read Code: S550.

Number of treatments: 10

Triggers: 14

<p>Key points</p>	<p>Approximately 90% of ankle sprains involve lateral ligaments (anterior talofibular, lateral collateral ligament, calcaneofibular and posterior talofibular ligaments) Medial ligament sprains, including the deltoid ligament, are rarely isolated and may hide additional sprains or fracture Osteochondral injury/capsulitis requires referral: indications include prolonged (>6 weeks) symptoms of pain, swelling, antalgic gait, decreased range of movement</p>
<p>Special considerations (WMS and TCM)</p>	<p>Children under 12 years rarely sprain ligaments Elderly patients are more likely to fracture than sprain Inversion injuries may involve fracture of the fifth metatarsal Associated tibialis posterior tendon rupture, especially in patients over 45 years Foot should be maintained at 90 degrees flexion for perfect healing of ligaments</p>
<p>History (WMS and TCM)</p>	<p>Mechanism of injury: forced inversion (lateral ligaments); eversion (medial ligaments) Compressive injury may indicate osteochondral injury Record whether weight-bearing at time of injury Acute or recurrent Location of pain: medial or lateral Swelling Pain elsewhere in limb Loss of function/instability Weight-bearing ability Previous history of injuries Previous treatment, management, investigations, outcomes Occupational requirements General health and medication</p>
<p>Examination (WMS and TCM)</p>	<p>Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Gait/weight-bearing ability Proprioception Site of tenderness Swelling: often rounded swelling in front of lateral malleolus Bruising: may take 12-24 hours, indicates more severe injury Range of movement of ankle Joint laxity: compare with other ankle; Drawer test for ATFL/Grade Check full length of fibula and base of fifth metatarsal for fractures Neurovascular status Lumbar spine/hip</p>

WMS differential diagnosis	<p>Lateral or medial sprain Fracture: lateral malleolus, base of fifth metatarsal Anterior inferior tibio-fibular ligament rupture Rupture of tibialis posterior tendon Subtalar joint dysfunction Peroneal nerve neuropathy Tarsal tunnel syndrome Ligamentous laxity</p>
WMS complications	<p>Swelling – may persist for weeks or months Pain syndrome Osteoarthritis Instability – refer for radiographic investigation for ligament damage Osteochondral defects Capsulitis Avulsion fracture Recurrence</p>
TCM differential diagnosis	<p>Tissue damage and injury to muscle, tendons and ligaments following trauma Qi and blood stasis in the affected channels following trauma Liver Blood deficiency failing to nourish tendons and ligaments</p>
TCM complications	<p>Same as WMS complications above plus: Delayed healing and recurrence due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion by Wind, Cold, Damp and /or Heat (Bi Syndrome)</p>
Treatment rehabilitation	<p>WMS goals: Decrease inflammation, pain, oedema and bruising (RICE in first 48 hours); restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Clear stasis and re-establish flows of Qi and Blood in the affected channels Nourish Blood and reinforce Qi to restore movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Cupping Tui na</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Osteopath Chiropractor Podiatrist Herbal Specialist*</p>

Sprain Achilles Tendon

Read Code: S5504	
Number of treatments: 10	Triggers: 14
Key points	
Special considerations (WMS and TCM)	Recovery may be prolonged Systemic corticosteroid medication may contribute or predispose the patient to injury Refer if partial rupture is suspected
History (WMS and TCM)	Mechanism of injury: running, jumping, hurrying up stairs Sudden sharp pain at time of injury Pain distribution Previous injury or steroid injection Previous treatment, management, investigations, outcomes Functional limitations: walking, running General health: medications Occupation Gout Other joint involvement
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Compare with other side Palpable tender swelling approx. 2.5cm above tendon insertion Possible very tender defect about size of tip of little finger Pain on dorsiflexion Calf squeeze (Thompson test) for tendon rupture Gait/weight-bearing ability Range of movement of ankle: active, passive Ankle joint dysfunction Lumbar spine/hip dysfunction Other joint examination
WMS differential diagnosis	Bursitis (retro calcaneal) Deep vein thrombosis Achilles tendon rupture (partial or complete) Tendonitis: tibialis posterior, peroneal, flexor hallucis longus Calcaneal stress fracture Os trigonum fracture Other fractures Bruising/haematoma Inflammatory arthritis/osteoarthritis/gout Sever's disease (calcaneal epiphysitis) in children Compartment syndrome Subtalar or talo crural joint dysfunction

WMS complications	<p>Recurrence Rupture, particularly after steroid injection Steroid depositions Severe biomechanical dysfunction Tendonitis</p>
TCM differential diagnosis	<p>Injury to tendon following trauma Qi and Blood stasis in the affected channels following trauma Liver Blood deficiency failing to nourish tendons and ligaments</p>
TCM complications	<p>Same as WMS complications above plus: Delayed healing and recurrence due to factors such as underlying deficiencies e.g. Liver Blood deficiency, Kidney Qi deficiency, Kidney Yin deficiency Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p>
Treatment rehabilitation	<p>WMS goals: Decrease inflammation, pain, bruising and oedema (RICE in first 48 hours); restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction.</p> <p>TCM goals: Decrease inflammation, pain, bruising and oedema by clearing stasis and normalising the flow of Qi and Blood in the affected channels Nourish Blood and reinforce Qi to restore normal range of movement and prevent adhesion/scarring Correct any underlying patterns of imbalance Calm Shen</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Tui na</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Osteopath Chiropractor Podiatrist Herbal Specialist*</p>

Contusion Ankle and Foot

Read code: SE42.	
Number of treatments: 6	Triggers: 8
Key points	
Special considerations (WMS and TCM)	Risk of compartment syndrome in limbs, indicated by severe pain disproportionate to injury Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury: fall, direct blow, vehicle accident Location and severity of pain Onset of physical signs History of immediate management Chronicity Previous injuries to affected site Functional restrictions Neurological changes Medical conditions and drug therapy Emotional response to trauma
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Gait, weight-bearing ability Oedema: extent and severity Bruising: extent, severity, colour Consider associated injuries Range of movement: knee and ankle Stability of ankle joint Palpation: check temperature for infection; check for pulse of dorsalis pedis artery Nerve involvement: sensory and motor changes
WMS differential diagnosis	Presence or risk of compartment syndrome Fracture Muscle or tendon rupture Abrasion Impaired circulation Nerve lesion
WMS complications	Compartment syndrome Ischaemic contractures Deep vein thrombosis Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Neurological signs Infection Suspected fracture Chronic pain Biomechanical dysfunction

TCM differential diagnosis	Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising
TCM complications	Same as WMS complications above plus: Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome) Excessive bruising due to Spleen Qi deficiency, Blood Heat
Treatment rehabilitation	<p>WMS goals: Enhance healing of contusion; reduce pain and swelling (RICE in first 48 hours); restore range of movement.</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels Correct any underlying patterns of imbalance Calm Shen</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Osteopath Chiropractor Podiatrist Herbal Specialist*



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Fracture Rib (closed)

Read code: S120.

Number of treatments: 8

Triggers: 10

<p>Key points</p>	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken X-ray should be used to exclude underlying lung damage, e.g. pneumothorax Lower rib fractures may involve damage to spleen, liver or kidneys If pain is non-traumatic, suspect tumour Rib fractures in children can indicate severe trauma (consider non accidental injury) Fractures of 1st and 2nd ribs cause up to 30% mortality due to injury to the aorta and subclavian artery; also brachial plexus injury Ventilation can be compromised by splinting, interference with normal rib and diaphragm movement, haemothorax, pneumothorax Fracture may be missed on X-ray Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
<p>Special considerations (WMS and TCM)</p>	<p>Rib fractures in the elderly may require admission to hospital Posterior rib fractures may present as back injury</p>
<p>History (WMS and TCM)</p>	<p>Mechanism of injury: direct blow, crush, fall, projectile, CPR, vehicle accident Single or multiple fractures Previous history of injuries Nature and severity of pain: pain over fracture site worse for deep inspiration and coughing Haemoptysis Respiratory distress Functional limitations General health past and present Medication/steroid use</p>
<p>Examination (WMS and TCM)</p>	<p>Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Localised tenderness and swelling Localised chest wall deformity Breathing difficulty Range of movement: shoulders and trunk Posture Palpation: extent of tenderness Depending on location of pain- consider other structures Lower ribs (L)- spleen Lower ribs (R)- liver Ribs 11/12- kidneys Circulation</p>

WMS differential diagnosis	<p>Injury to sternum/thoracic spine Sterno-clavicular joint strain Scapular fracture Acute respiratory distress syndrome Pneumothorax Pneumonia Pulmonary embolus Abdominal trauma Intercostal muscle strain Tumour Injury to viscera Osteoporosis Non-accidental injury</p>
WMS complications	<p>Pneumothorax Haemothorax Organ damage Atelectasis Retention of sputum/infection/atelectasis Cardiac contusion</p>
TCM differential diagnosis	<p>Damage to bone following trauma Damage to surrounding structures and internal organs resulting in Qi and Blood stasis in the affected channels following trauma Sub-acute: chronic Qi and/or Blood stasis in the ST, SP, BL, KI, GB or LR channels and/or Luo vessels Possible involvement of Eight Extraordinary Vessels Underlying deficiency e.g. Kidney Qi deficiency</p>
TCM complications	<p>Same as WMS complications above plus: Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p>

<p>Treatment rehabilitation</p>	<p>WMS goals: Decrease pain; restore range of movement; enhance repair of fracture; increase blood vascularisation; decrease fluid retention</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen, Nourish Blood and reinforce Qi to enhance union of fracture and restore range of movement Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM): Acute phase – rest Follow orthopaedic advice regarding exercise activity Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Tui na Liniments and herbal plasters*</p>
<p>Onward referral</p>	<p>GP Physiotherapist Osteopath Chiropractor Occupational therapist</p>

Rib Sprain

Read code: S5y3.

Number of treatments: 8

Triggers: 12

Key points	<p>Includes costo-vertebral, costo-chondral and chondro-sternal sprains X-ray can be used to exclude rib fracture or pneumothorax Significant associated pathology is unlikely Beware of children- less fracture chance after major trauma equates to a higher risk of intrathoracic damage</p>
Special considerations (WMS and TCM)	<p>Consider pulmonary embolus Decreased lung function Decreased range of movement of shoulder, cervical spine, thoracic spine Chronic pain</p>
History (WMS and TCM)	<p>Mechanism of injury internal or external: cough, sneeze, external force, fall Previous history of injuries or pain Nature and severity of pain: pain on inspiration, sneezing, coughing, stretching Pain on rotation/side flexion Aggravating and relieving factors Dyspnoea Haemoptysis Respiratory disease, asthma, URTI, smoker Sprain of first rib: brachial plexus symptoms Functional limitations General health past and present Osteoporosis Medication</p>
Examination (WMS and TCM)	<p>Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Localised tenderness Check for bruising and swelling Breathing difficulty Muscle spasm Range of movement: shoulders and trunk Posture Thoracic and cervical spine</p>
WMS differential diagnosis	<p>Consider pulmonary embolus Contusion Rib fracture, including cough fracture Dislocation Thoracic spine injury/dysfunction/pathological fracture Referred pain from cervical or thoracic spine Pleural irritation Pneumothorax Costochondritis Osteoarthritis Osteoporosis Myocardial infarction Referred pain from organs or vascular disorder Infection: respiratory, herpes zoster, infective endocarditis</p>

WMS complications	<p>Pneumothorax Haemothorax Contusion of viscera Nerve involvement Vascular involvement Retention of sputum/infection/atelectasis</p>
TCM differential diagnosis	<p>Tissue damage and injury to muscle, tendons and ligaments External stagnation of Qi and Blood in surrounding structures and internal organs Qi and Blood stasis in local affected area, consider: ST, SP, SI, LI, BL, KI, GB, LU or LR channels Possible involvement of Eight Extraordinary Vessels Underlying patterns of imbalance e.g. Qi deficiency</p>
TCM complications	<p>Same as WMS complications above plus: Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain and any inflammation, oedema, or bruising; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath</p>

Open Wound Head/Neck/Trunk

Read code: S8...	
Number of treatments: 9	Triggers: 13
Key points	Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic
Special considerations (WMS and TCM)	Penetrating wounds may also involve internal structures
History (WMS and TCM)	<p>Mechanism of injury</p> <p>Circumstances of injury: work-related, assault, self-inflicted</p> <p>History of immediate treatment</p> <p>Associated symptoms/injuries</p> <p>Potential for infection</p> <p>Previous injury/disability</p> <p>Medical history including medication: immunosuppressants, corticosteroids</p> <p>General health: diabetes, hypertension, tetanus status</p> <p>Emotional response to trauma</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Site and extent of wound</p> <p>Signs/risk of infection</p> <p>Retained foreign bodies</p> <p>Sensory function/motor</p> <p>Range of movement</p> <p>Pain: location, nature, severity</p> <p>Oedema: extent and severity</p> <p>Bruising: colour, extent</p>
WMS differential diagnosis	<p>Abrasion</p> <p>Crush injury</p> <p>Fracture</p> <p>Ligament, tendon or nerve damage</p> <p>Arterial laceration</p> <p>Internal injury</p>
WMS complications	<p>Intra-thoracic or abdominal injuries: pneumothorax, haemothorax</p> <p>Infection</p> <p>Scarring</p> <p>Stiffness</p>
TCM differential diagnosis	<p>Injury to skin, surrounding tissues and underlying structures</p> <p>Qi and Blood stasis in local area and affected channels, consider: ST, SP, SI, LI, BL, KI, GB, LU or LR channels</p> <p>Qi and Blood stasis in surrounding structures and internal organs</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Underlying patterns of imbalance e.g. Qi deficiency</p>

TCM complications	<p>Same as WMS complications above plus: Damage to underlying structures e.g. tendon, nerve, bone Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Depending upon the depth of the injury there may be damage to the affected cutaneous region, musculo-tendinous channel, divergent and or main channel, and Zang Fu organs Excessive bleeding may lead to Blood deficiency</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of wound; reduce pain and swelling; restore range of movement</p> <p>TCM goals: Restore Qi and Blood flow to decrease pain Calm Shen Resolve toxins Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	GP

Abrasion Trunk

Read code: SD10.	
Number of treatments: 4	Triggers: 6
Key points	Superficial injury or laceration not involving deep structures
Special considerations (WMS and TCM)	<p>In children the greater flexibility of the rib cage can allow serious underlying injury to occur with little sign of external trauma</p> <p>Abraded skin is prone to hyperpigmentation – advise sunblock for six months after injury</p> <p>Involvement of underlying organs, nerve, tendon, muscle</p> <p>Medical conditions (especially bleeding disorders, diabetes)</p> <p>Drug therapy (e.g. anticoagulants)</p> <p>Abrasion caused by animals needs caution re: infection</p>
History (WMS and TCM)	<p>Nature of trauma causing injury</p> <p>Medical history including medication</p> <p>General health, tetanus status/symptoms of infection</p> <p>Emotional response to trauma</p> <p>Functional limitations</p> <p>Pain: associated pain with underlying structures</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Effects on breathing</p> <p>Deformity</p> <p>Wound size, depth, location</p> <p>Retained foreign bodies</p> <p>Joint involvement</p> <p>Oedema: extent and severity</p> <p>Bruising: extent, severity, colour/signs of infection</p> <p>Palpation: check temperature for infection</p> <p>Circulatory problems</p> <p>Neurological signs</p>
WMS differential diagnosis	<p>Intra-thoracic or intra-abdominal injuries</p> <p>Underlying fracture</p> <p>Deep laceration involving deeper structures</p> <p>Contusion</p>
WMS complications	<p>Associated intra-thoracic and abdominal injuries</p> <p>Nerve involvement</p> <p>Infection</p> <p>Scarring</p> <p>Internal bleeding with bleeding disorders</p>
TCM differential diagnosis	<p>Superficial damage to cutaneous region</p> <p>Qi and Blood stasis in local cutaneous region and affected channels following trauma, consider: ST, SP, SI, PC, LI, BL, KI, GB, LU or LR channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>

TCM complications	<p>Same WMS complications above plus: Damage to underlying channel systems and structures Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Depending upon the depth of the injury there may be damage to the affected cutaneous region, musculo-tendinous channel, divergent and or main channel</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of abrasion; reduce pain and swelling</p> <p>TCM goals: Restore Qi and Blood flow to decrease pain Calm Shen Resolve toxins Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	<p>Accident and Emergency Department GP</p>

Contusion Trunk

Read code: SE2..	
Number of treatments: 10	Triggers: 12
Key points	X-Rays should be advised if fracture of bones is suspected Damage to internal organs is possible Unremitting or escalating pain needs prompt referral to GP or Accident and Medical Clinic
Special considerations (WMS and TCM)	General health Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury: high or low impact, assault Direction of force Respiratory difficulty Location and severity of pain Haematuria Emotional response to trauma General health including medications Functional limitations
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Oedema: extent and severity Bruising: extent, severity, colour Consider associated injuries Range of movement: shoulders, trunk Palpation: check temperature for infection Muscle spasm
WMS differential diagnosis	Fracture: ribs, sternum, vertebrae, scapula, iliac crest Underlying joint pathology Abrasion Pneumothorax Brachial plexus involvement Visceral injury Spinal injury Fracture
WMS complications	Pneumothorax Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Myositis ossificans Neurological signs Infection Visceral damage Chronic pain

TCM differential diagnosis	<p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma</p> <p>Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising</p> <p>Qi and Blood stasis in local cutaneous region and affected channels, consider: ST, SP, SI, PC, LI, BL, KI, GB, LU or LR channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus</p> <p>Damage to surrounding structures eg bone, nerve, tendon</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p> <p>Excessive bruising due to Spleen Qi deficiency, Blood Heat</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of contusion; reduce pain, swelling and bruising</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood Correct any underlying patterns of imbalance. Calm Shen</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Osteopath Chiropractor Occupational therapist</p>

Contusion Breast

Read code: SE20.	
Number of treatments: 10	Triggers: 12
Key points	Pain is the most significant indicator of severity
Special considerations (WMS and TCM)	Support person present during treatment Pregnancy, lactation Emotional response to injury/examination
History (WMS and TCM)	Nature of trauma causing injury: accident, assault Emotional response to trauma General health including medications/bleeding disorder
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous Regions, Tai Yang, Shao Yang etc • Tendino Muscle Channels (Sinew Network Vessels) Palpation <ul style="list-style-type: none"> • Associated Channels • Mu And Shu Points • A Shi Points Oedema: extent and severity Bruising: extent, severity, colour Range of movement: shoulders Location and nature of pain Respiratory problems Sensory changes/paraesthesia
WMS differential diagnosis	Fracture: ribs, sternum Pneumothorax Breast abscess
WMS complications	Mastitis effect on lactation Blocked lymph flow Pneumothorax Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Infection
TCM differential diagnosis	Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising Qi and Blood stasis in local cutaneous region and affected channels, consider: ST, SP, PC, HT, KI, GB, LU or LR channels Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Damage to surrounding structures Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome) Excessive bruising due to Spleen Qi deficiency, Blood Heat Shen disturbance

<p>Treatment rehabilitation</p>	<p>WMS goals: Enhance healing of contusion; reduce pain, swelling and bruising</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood Correct any underlying patterns of imbalance. Calm Shen</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters* Support bra</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters* Support bra</p>
<p>Onward referral</p>	<p>Counsellor GP Physiotherapist Osteopath Chiropractor Occupational therapist Lactation therapist*</p>

Contusion Chest Wall

Read code: SE21.

Number of treatments: 10

Triggers: 12

<p>Key points</p>	<p>X-Rays should be advised if fracture of bones is suspected Damage to internal organs is possible Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken X-ray should be used to exclude underlying lung damage, e.g. pneumothorax Lower rib fractures may involve damage to spleen, liver or kidneys If pain is non-traumatic, suspect tumour Rib fractures in children can indicate severe trauma (consider non accidental injury) Fractures of 1st and 2nd ribs cause up to 30% mortality due to injury to the aorta and subclavian artery; also brachial plexus injury Ventilation can be compromised by splinting, interference with normal rib and diaphragm movement, haemothorax, pneumothorax Fracture may be missed on X-ray Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
<p>Special considerations (WMS and TCM)</p>	<p>Lung function tests General health Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants)</p>
<p>History (WMS)</p>	<p>Nature of trauma causing injury: high or low impact Respiratory difficulty/haemoptysis, cough, sputum Site of pain and severity Emotional response to trauma General health including medications/history of bleeding disorder Addominal pain</p>
<p>Examination (WMS and TCM)</p>	<p>Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Oedema: extent and severity Bruising: extent, severity, colour Range of movement: shoulders, trunk Palpation: check temperature for infection, tenderness Breathing: depth, difficulty, pain, rate Muscle spasm</p>
<p>WMS differential diagnosis</p>	<p>Fracture: ribs, sternum Abrasion Costocartilage injury Pneumothorax, pulmonary injury Pain referred from thoracic spine Brachial plexus involvement Visceral injury Spinal injury Fracture</p>

WMS complications	<p>Pneumothorax Excessive bleeding and haematoma as a result of of bleeding disorder or anticoagulant use Neurological signs Infection Visceral or cardiac involvement</p>
TCM differential diagnosis	<p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising Qi and Blood stasis in local cutaneous region and affected channels, consider: ST, SP, BL, PC, HT, KI, GB, LU or LR channels Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS above plus: Damage to surrounding structures eg bone, nerve, tendon Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome) Excessive bruising due to Spleen Qi deficiency, Blood Heat Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of contusion; reduce pain, swelling and bruising</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood Correct any underlying patterns of imbalance. Calm Shen</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Osteopath Chiropractor Occupational therapist</p>

Burns Trunk

Read code: SH2..	
Number of treatments: 20	Triggers: 24
Key points	<p>Acupuncture is not an appropriate frontline treatment for burns. Ensure that the patient has been assessed by a medical practitioner.</p> <p>Management depends on extent and depth of burn (superficial or deep)</p> <p>Refer to hospital if burn is >10% of body surface area: all children; all deep burns; burns with potential problems, e.g. electrical, chemical, circumferential</p>
Special considerations (WMS and TCM)	<p>General health</p> <p>Emotional response to injury</p> <p>Exposed tendon/bone</p> <p>More severe burns can involve fluid loss and secondary organ damage</p>
History (WMS and TCM)	<p>Cause of burn: flame, scald, chemical, electrical, etc</p> <p>Percentage of body area involved</p> <p>Depth of burn</p> <p>Respiratory difficulty: inhalation injury</p> <p>History of immediate management</p> <p>Pain level: check pain management is adequate</p> <p>Surgical intervention</p> <p>Length of hospital stay</p> <p>Previous medical history</p> <p>Functional limitations</p> <p>Emotional response to trauma</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Stage of healing</p> <p>Scarring</p> <p>Condition of skin graft donor site</p> <p>Oedema</p> <p>Range of movement: shoulders, trunk</p> <p>Contractures/deformities</p> <p>Loss of function</p> <p>Differentiate affected structure limiting range of movement: skin, scarring, ligament, muscle, tendon</p>
WMS differential diagnosis	Underlying conditions before trauma
WMS complications	<p>Wound infection</p> <p>Graft failure</p> <p>Contractures and deformities</p> <p>Scarring</p> <p>Chronic pain</p> <p>Psychological/social problems</p> <p>Altered sensation</p>

TCM differential diagnosis	<p>Damage to tissues and local cutaneous region by excess pathogenic Heat causing obstruction to normal flows of Qi and Blood in the affected channels, consider: ST, SP, BL, PC, HT, KI, GB, LU or LR</p> <p>In severe cases consider concurrent Yin fluid damage and damage to underlying structures (in extreme cases the Zang Fu)</p> <p>Qi block due to fright</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS above plus:</p> <p>Damage to underlying structures</p> <p>Potential febrile Bi syndrome</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Shen disturbance</p> <p>Damage to Yin and Jin-Ye (fluids)</p> <p>Prolonged Qi and Blood stasis leading to scarring/contracture</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of affected area; reduce pain; restore range of movement</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood Correct any underlying patterns of imbalance Calm Shen Nourish Yin fluids</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters* Ion pumping cords*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Osteopath Chiropractor Occupational therapist Counsellor</p>

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Medial Epicondylitis (elbow)

Read code: N2131	
Number of treatments: 12	Triggers: 14
Key points	<p>'Golfers' elbow'</p> <p>Overuse or overload injury of the forearm flexor muscles</p> <p>Most common in the 40-60 year age group</p> <p>Elbow flexion and extension are usually painless</p>
Special considerations (WMS and TCM)	<p>Non-steroidal anti-inflammatory therapy</p> <p>Previous steroid injection: can be effective but have potential side effects and should not exceed three injections</p> <p>Occupational and leisure activities: identify causative and aggravating factors</p>
History (WMS and TCM)	<p>Mechanism of injury: acute or recurrent injury, or gradual onset</p> <p>Occupational overuse syndrome</p> <p>Pain radiating from medial epicondyle into proximal part of flexors</p> <p>Pain may be minor or debilitating and affecting sleep</p> <p>Recent changes in work equipment or sports training</p> <p>Dominant/non-dominant side</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Aggravating and relieving factors: worse after activity, better for rest</p> <p>Cervical or thoracic spine involvement/sensory or motor change</p> <p>Functional limitations</p> <p>Occupation</p> <p>General health past and present</p> <p>Joint problems</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Pain on resisted wrist flexion</p> <p>Localised tenderness over medial epicondyle</p> <p>Reduced grip strength</p> <p>Normal elbow movement</p> <p>Range of movement of wrist: active, passive, resisted</p> <p>Crepitus of tendons</p> <p>Palpation: check temperature for infection</p> <p>Cervical or thoracic spine involvement/sensory or motor change</p> <p>Other joint involvement</p>
WMS differential diagnosis	<p>Fracture of medial epicondyle</p> <p>Cervical nerve root irritation</p> <p>Instability/injury of ligament/tendon</p> <p>Flexor/pronator tendinosis</p> <p>Ulnar nerve compression</p> <p>Apophysitis</p> <p>Elbow joint pathology/arthritis</p> <p>Referred pain from cervical spine, shoulder or wrist</p> <p>Infection</p> <p>Forearm muscle strain</p>

WMS complications	<p>Fat atrophy from steroid injections Complex regional pain syndrome Neural involvement Joint stiffness Muscle weakness or atrophy</p>
TCM differential diagnosis	<p>Injury to flexor muscles and surrounding structures following trauma , overuse or misuse Qi and Blood stasis in local area and affected channels, consider: HT, SI or PC channels, following trauma or overuse Underlying Liver Blood deficiency failing to nourish tendons and ligaments or external pathogen obstruction (Bi syndrome)</p>
TCM complications	<p>Same as WMS plus: Damage to underlying structures e.g. elbow joint, nerve, tendon, ligament Chronic Qi and Blood stasis can lead to further invasion of pathogenic factors such as Wind, Cold, Damp and Heat (Bi syndrome) Delayed healing or recurrence if underlying deficiencies are not corrected e.g. Qi deficiency, Liver Blood deficiency Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain and inflammation/oedema; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist</p>

Lateral Epicondylitis (elbow)

Read code: N2132	
Number of treatments: 12	Triggers: 16
Key points	<p>'Tennis elbow'</p> <p>Overuse or overload injury of the forearm extensor muscles</p> <p>Most common in the 40-60 year age group</p> <p>Elbow flexion and extension are usually painless</p>
Special considerations (WMS and TCM)	<p>Non-steroidal anti-inflammatory therapy</p> <p>Previous steroid injection: can be effective but have potential side effects and should not exceed three injections</p> <p>Occupational and leisure activities: identify causative and aggravating factors</p>
History (WMS and TCM)	<p>Mechanism of injury: acute or recurrent injury, or gradual onset</p> <p>Pain radiating from lateral epicondyle into proximal part of extensors</p> <p>Pain may be minor or debilitating and affecting sleep</p> <p>Recent changes in work equipment or sports training</p> <p>Occupational overuse syndrome</p> <p>Dominant/non-dominant side</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Aggravating and relieving factors: worse after activity, better for rest</p> <p>Cervical or thoracic spine involvement</p> <p>Functional limitations</p> <p>Occupation</p> <p>General health past and present</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Pain on passive wrist flexion</p> <p>Pain on resisted wrist extension</p> <p>Localised tenderness over anterior aspect of lateral epicondyle</p> <p>Reduced grip strength</p> <p>Normal elbow movement</p> <p>Range of movement of wrist: active, passive, resisted</p> <p>Crepitus of tendons</p> <p>Palpation: check temperature for infection</p> <p>Cervical or thoracic spine involvement/sensory or motor change</p> <p>Other joint involvement</p>
WMS differential diagnosis	<p>Extensor tendinosis</p> <p>Radiohumeral bursitis</p> <p>Instability/injury of ligament/tendon</p> <p>Elbow joint pathology/arthritis</p> <p>Referred pain from cervical spine, shoulder or wrist</p> <p>Rotator cuff injury</p> <p>Infection</p>

WMS complications	<p>Degenerative changes to tendon Fat atrophy from steroid injections Complex regional pain syndrome Neural involvement Joint stiffness Muscle weakness or atrophy</p>
TCM differential diagnosis	<p>Injury to extensor muscles and surrounding structures following trauma, overuse or misuse Qi and Blood stasis in local area and affected channels, consider: LU, LI, SJ channels, following trauma or overuse Underlying Liver Blood deficiency failing to nourish tendons and ligaments or external pathogen obstruction (Bi syndrome)</p>
TCM complications	<p>Same as WMS plus: Damage to underlying structures eg elbow joint, nerve, tendon, ligament Chronic Qi and Blood stasis can lead to further invasion of pathogenic factors such as Wind, Cold, Damp and Heat (Bi syndrome) Delayed healing or recurrence if underlying deficiencies are not corrected e.g. Qi deficiency, Liver Blood deficiency Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain and inflammation/oedema; restore range of movement; clear pathogenic obstruction (if required)</p> <p>TCM goals: Decrease pain by clearing of local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist</p>

Fracture Distal Humerus, Supracondylar (closed)

Read code: S2241

Number of treatments: 8

Triggers: 14

<p>Key points</p>	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken</p> <p>Supracondylar fractures are those just proximal to the humeral condyles</p> <p>Supracondylar fractures represent about half of all elbow fractures in children</p> <p>Rare in adults, and usually require surgery</p> <p>Bony fragments may impinge on the brachial artery causing forearm flexor compartment ischaemia and muscle death – urgent referral if symptoms include absent radial pulse, pallor, coldness or paraesthesia of forearm</p> <p>Inability to extend fingers fully, or pain on passive extension, suggest ischaemic changes or development of compartment syndrome – requires referral</p> <p>The fracture line is generally transverse</p> <p>Most common fracture of the elbow in children 3-11 years</p> <p>Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
<p>Special considerations (WMS and TCM)</p>	<p>Occupational and leisure activities</p> <p>Pathological fractures may occur with minimal trauma</p>
<p>History (WMS and TCM)</p>	<p>Mechanism of fracture: fall onto outstretched arm; direct blow, axial loading through elbow</p> <p>Patients with a risk of pathological fractures (metastatic cancer of bone, Paget's disease, osteoporosis, bone cyst)</p> <p>Pain</p> <p>Oedema</p> <p>Decreased range of motion</p> <p>Circulation, sensory symptoms</p>
<p>Examination (WMS and TCM)</p>	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Site of pain: localised to elbow</p> <p>Severe forearm pain may indicate ischaemia – refer to General Practitioner or Emergency Department</p> <p>Bruising/swelling</p> <p>Range of elbow movement</p> <p>Range of movement: wrist and shoulder</p> <p>Shoulder/wrist/hand joint injury</p> <p>Circulatory, sensory, motor examination</p> <p>Normal position of olecranon and medial and lateral epicondyles, unlike dislocation</p>

WMS differential diagnosis	<p>Associated joint sprain Soft tissue injury Dislocation Forearm fracture Bursitis Septic arthritis Referral from cervical or thoracic spine Referral from shoulder injury Osteochondritis of capitulum/radial head</p>
WMS complications	<p>Non-union or malunion of fracture Deformity Ischaemia: severe pain in forearm Neuropraxia of median, radial or ulnar nerves: can occur in up to 12% of cases Damage to brachial artery Compartment syndrome and ischaemic contractures</p>
TCM differential diagnosis	<p>Damage to bone following trauma Qi and/or Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels Possible involvement of Eight Extraordinary Vessels Underlying deficiency e.g. Kidney Qi deficiency</p>
TCM complications	<p>Same as WMS complications above plus: Damage to surrounding structures eg soft tissues, nerve, blood vessel, tendon Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen, Nourish Blood and reinforce Qi to enhance union of fracture and restore range of movement Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM): Acute phase – rest Follow orthopaedic advice regarding exercise activity Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture</p> <p>Sub acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>

Onward referral

Acute phase:

Accident and emergency clinic

GP

Sub acute phase:

GP

Physiotherapist

Osteopath

Chiropractor

Fracture of Proximal Radius/Ulna

Read code: S230./S231.

Number of treatments: 11

Triggers: 15

Key points	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken</p> <p>Includes both open and closed fractures</p> <p>Radial head dislocation or fracture can easily be missed</p> <p>Hand dominance/occupation may affect management</p> <p>Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
Special considerations (WMS and TCM)	<p>Hand dominance/occupation may affect management</p> <p>Osteoporosis</p> <p>Forearm nerves/vessels may be damaged</p>
History (WMS and TCM)	<p>Mechanism of fracture: fall onto outstretched arm; direct blow to elbow</p> <p>Surgical intervention: outcomes</p> <p>Pain: location, radiation</p> <p>Dominant/non-dominant arm</p> <p>Previous fractures</p> <p>Always suspect when a child complains of pain in the elbow after a fall</p> <p>Circulation</p> <p>Nerve symptoms, weakness or sensory change in fingers</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Site of pain: location of tenderness</p> <p>Radial head fracture: pain on pronation/supination</p> <p>Olecranon fracture: decreased elbow extension</p> <p>Swelling</p> <p>Skin condition: open fractures</p> <p>Signs of infection</p> <p>Deformity</p> <p>Post-immobilisation: range of shoulder, elbow, forearm, and wrist movement</p> <p>Circulatory, sensory, or motor problems</p> <p>Functional limitations</p> <p>Strength</p>
WMS differential diagnosis	<p>Soft tissue injury</p> <p>Contusion of forearm</p> <p>Distal humerus fracture</p> <p>Dislocation/subluxation of proximal radio-ulnar joint</p> <p>Dislocation of elbow/wrist</p> <p>Elbow ligament injury</p> <p>Pulled elbow in children</p>
WMS complications	<p>Fracture slipping: redisplacement or late angulation</p> <p>Neurovascular injuries</p> <p>Recovery of full extension may be prolonged</p>

TCM differential diagnosis	<p>Damage to bone following trauma Qi and/or Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels Possible involvement of Eight Extraordinary Vessels Underlying deficiency e.g. Kidney Qi deficiency</p>
TCM complications	<p>Same as WMS complications above plus: Damage to surrounding structures eg soft tissues, nerve, blood vessel, tendon Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals: Decrease pain and swelling by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen, Nourish Blood and reinforce Qi to enhance union of fracture and restore range of movement Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM): Acute phase – rest Follow orthopaedic advice regarding exercise activity Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	<p>Acute phase: Accident and emergency clinic GP</p> <p>Sub acute phase: GP Physiotherapist Osteopath Chiropractor</p>

Fracture of Shaft of Radius/Ulna

Read code: S232./S233.

Number of treatments: 11

Triggers: 15

<p>Key points</p>	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken Includes both open and closed fractures Includes isolated fractures of middle third of radius or ulna, including greenstick fractures in children Galeazzi's fracture: fracture of the distal radius with dislocation of the inferior radio-ulnar joint Monteggia's fracture: fracture of the ulna associated with radial dislocation or rupture of the annular ligament There is a higher frequency of morbidity from forearm fractures than elbow or wrist fractures Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
<p>Special considerations (WMS and TCM)</p>	<p>Hand dominance/occupation may affect management Treatment is largely determined by the amount of angulation and displacement Frequency of open fractures is high Displaced fractures in adults require perfect reduction (usually surgical) to facilitate supination and pronation Osteoporosis Injury to nerve or vessels</p>
<p>History (WMS and TCM)</p>	<p>Function of wrist and elbow Mechanism of fracture: fall onto outstretched arm; direct blow to arm Surgical intervention: outcomes Pain: location, radiation Dominant/non-dominant arm Previous fractures Circulation symptoms General health, symptoms of infection Weakness or sensory change in fingers</p>
<p>Examination (WMS and TCM)</p>	<p>Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Site of pain: location of tenderness Swelling Skin condition: open fractures Signs of infection Deformity, angulation, displacement Post-immobilisation: range of elbow, forearm, wrist, and finger movement Circulatory, sensory, or motor problems Functional limitations Strength</p>

WMS differential diagnosis	<p>Associated joint sprain or fracture Soft tissue injury Contusion of forearm Dislocation of elbow/wrist Fracture of elbow or wrist</p>
WMS complications	<p>Fracture slipping: redisplacement or late angulation or non-union Axial mal-rotation of fractured radius Compartment syndrome Neurological signs: ulnar/median nerve injury Vascular injury: ulnar artery Complex regional pain syndrome Growth arrest Radio-ulnar synostosis after delayed treatment (ossification of tissues connecting bones) Deformity Osteoarthritis</p>
TCM differential diagnosis	<p>Damage to bone following trauma Qi and/or Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels</p>
TCM complications	<p>Same as WMS complications above plus: Damage to surrounding structures eg nerve, blood vessel, tendon, ligament Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen, Nourish Blood and reinforce Qi to enhance union of fracture and restore range of movement Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM): Acute phase – rest Follow orthopaedic advice regarding exercise activity Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture</p> <p>Sub acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>

Onward referral

Acute phase:

Accident and emergency clinic
GP

Sub acute phase:

GP
Physiotherapist
Osteopath
Chiropractor

Fracture of Distal Radius/Ulna

Read code: S234./S235.

Number of treatments: 11

Triggers: 15

<p>Key points</p>	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken Includes both open and closed fractures Includes: Isolated distal radial or ulnar fractures Combined distal radial and ulnar fractures Colles' fracture: fracture of the radius at the epiphysis causing dorsal and lateral displacement of the distal bone fragment Smith fracture: reverse Colles' causing volar displacement and angulation of distal bone fragment Growth plate injuries in children In adults Colles' fracture is common and often associated with fracture of the ulnar styloid process Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
<p>Special considerations (WMS and TCM)</p>	<p>Complications are common with Colles' and Smith fractures Hand dominance/occupation may affect management Osteoporosis Tetanus status Risk of infection in open fractures Damage to nerves and vessels is possible</p>
<p>History (WMS and TCM)</p>	<p>Mechanism of fracture: fall onto outstretched arm; direct blow to arm (rare) Surgical intervention: outcomes Pain: location, radiation Dominant/non-dominant arm Previous fractures in the elderly Circulation symptoms Weakness or sensory changes in fingers Symptoms of infection</p>
<p>Examination (WMS and TCM)</p>	<p>Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Site of pain: location of tenderness Swelling Skin condition: open fractures Signs of infection Deformity, angulation, displacement Post-immobilisation: range of elbow, forearm, wrist, and finger movement Circulatory, sensory, or motor problems Functional limitations Strength</p>

WMS differential diagnosis	<p>Other fractures of radius or ulna Fractures of hand, elbow, forearm Dislocation of elbow/wrist Contusion of wrist, forearm, hand Associated joint sprain or fracture Soft tissue injury</p>
WMS complications	<p>Fracture slipping: redisplacement or late angulation/non-union Tendon damage/rupture: extensor pollicis longus with Colles' fracture Subluxation/dislocation of distal radio-ulnar joint Neurological signs: ulnar/median nerve injury/carpal tunnel syndrome Osteoarthritis Growth arrest Complex regional pain syndrome Vascular injury: ulnar artery Wrist ligament ruptures and/or cartilage injury associated with ulnar styloid process fractures</p>
TCM differential diagnosis	<p>Damage to bone following trauma Qi and/or Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels</p>
TCM complications	<p>Same as WMS complications above plus: Damage to surrounding structures eg nerve, blood vessel, tendon, ligament Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen, Nourish Blood and reinforce Qi to enhance union of fracture and restore range of movement Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM): Acute phase – rest Follow orthopaedic advice regarding exercise activity Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture</p> <p>Sub acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>

Onward referral**Acute phase:**

Accident and emergency clinic
GP
Hand Therapist Preferred Provider

Sub acute phase:

GP
Physiotherapist
Osteopath
Chiropractor
Hand Therapist preferred provider

Sprain Elbow/Forearm

Read code: S51..	
Number of treatments: 9	Triggers: 11
Key points	Injury to muscles, tendons, ligaments, or the joint itself Children under 12 years rarely sprain ligaments so should have X-ray Elderly patients tend to fracture rather than sprain so should have X-ray Consider tendon rupture in older patients
Special considerations (WMS and TCM)	Elderly patients need early mobilisation to avoid stiffening of joints
History (WMS and TCM)	Mechanism of injury: often a twisting injury associated with a fall Possibly gradual onset with loss of mobility Dominant/non-dominant side Previous history of injuries Previous treatment, management, investigations, outcomes Functional limitations Occupation General health past and present Neck symptoms Weakness or sensory change in fingers
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Pain, tenderness Joint effusion Instability of ligaments or tendons Range of movement of shoulder, elbow, wrist Palpation: check temperature for infection Cervical or thoracic spine involvement Neurological signs: sensory or motor changes
WMS differential diagnosis	Fracture: radial head, supracondylar humeral Dislocation Epicondylitis Tenosynovitis/synovitis Tendon rupture: biceps, triceps Triceps tendonitis Olecranon bursitis Cervical or thoracic spine referral Elbow joint pathology Apophysitis Infection Arthritis
WMS complications	Tendonitis Recurrent injury, joint instability Haemarthrosis/excessive swelling Vascular or neural damage, ischaemia Tendon rupture Chronic pain Loss of function

TCM differential diagnosis	Injury to muscles, tendons, ligaments or the joint itself Qi and Blood stasis in the muscle-tendino (sinew) and affected channels, consider: LU, LI, HT, SI, PC, or SJ channels
TCM complications	Same as WMS complications above plus: Damage to surrounding structures eg nerve, blood vessels Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency and/or Blood deficiency and stasis Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, bruising and oedema as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Chiropractor Osteopath Occupational therapist

Open Wound Elbow/Forearm

Read code: S91..	
Number of treatments: 9	Triggers: 13
Key points	Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic Thorough initial examination by GP will delineate full extent of injuries.
Special considerations (WMS and TCM)	Tendon sheath infection requires urgent hospital treatment Evidence of vascular or nerve compromise of finger or hand requires urgent referral Risk of infection
History (WMS and TCM)	Mechanism of injury Circumstances of injury: work-related, assault, self-inflicted History of immediate treatment Associated symptoms/injuries Symptoms of infection Previous injury/disability Medical history including medication: immunosuppressants, corticosteroids General health: diabetes, hypertension, tetanus status Emotional response to trauma Availability of carers if required Weakness or sensory changes in fingers
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Site and extent of wound Signs/risk of infection Retained foreign bodies Sensory function Range of movement: shoulder, elbow, wrist; fingers Motor nerve involvement Pain: location, nature, severity Oedema: extent and severity Bruising: colour, extent Circulation: colour/warmth; pulses; capillary refill
WMS differential diagnosis	Abrasion Crush injury Fracture Ligament, tendon or nerve damage Arterial laceration
WMS complications	Infection Scarring Stiffness

TCM differential diagnosis	<p>Injury to skin, and surrounding and underlying structures following trauma</p> <p>External stagnation of Qi and Blood in surrounding tissues</p> <p>Qi and Blood stasis in local area and affected channels, consider: LU, LI, HT, SI, PC, SJ channels</p> <p>Tissue damage to appropriate six divisional cutaneous regions of wound injury and associated fine luo distribution</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Deep wounds can cause injury to muscle-tendino channels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying structures e.g. tendon, nerve, bone</p> <p>Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Delayed healing due to underlying deficiencies e.g. Qi deficiency, Liver deficiency</p> <p>Damage to underlying channel systems and structures</p> <p>If deep injury the associated muscle-tendino channels are to be considered</p> <p>Excessive bleeding may lead to Blood deficiency</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of wound; reduce pain and swelling; restore range of movement.</p> <p>TCM goals:</p> <p>Relieve pain and swelling by clearing Qi and Blood stasis in the affected area and channels</p> <p>Restore the normal flow of Qi and Blood in the affected channels to reduce scarring and adhesions</p> <p>Calm Shen</p> <p>Resolve toxins</p> <p>Correct any underlying patterns of imbalance</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p>

Abrasion Lower Arm (no infection)

Read code: SD30.	
Number of treatments: 4	Triggers: 6
Key points	Superficial injury or laceration not involving deep structures Soft tissue injury alone or in combination with a fracture may cause a compartment syndrome – refer if pain is disproportionately severe and poorly localised; severe swelling; hyperaesthesia/paraesthesia in distribution of nerves crossing compartment
Special considerations (WMS and TCM)	Abraded skin is prone to hyperpigmentation – advise sunblock for six months after injury Involvement of nerve, tendon, muscle Medical conditions (especially bleeding disorders, diabetes) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury Dominant/non-dominant side Compartment syndrome symptoms Medical history including medication Emotional response to trauma Functional limitations Tetanus status Circulation symptoms Weakness or sensory change in fingers
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Deformity Wound size, depth, location Joint involvement Compartment syndrome signs Oedema: extent and severity Bruising: extent, severity, colour Retained foreign bodies Range of movement and strength of shoulder, elbow and wrist joints Palpation: check temperature for infection Neurological signs
WMS differential diagnosis	Underlying fracture Compartment syndrome Deep laceration involving deeper structures Contusion
WMS complications	Nerve involvement Infection Scarring

TCM differential diagnosis	Superficial damage to cutaneous region Qi and Blood stasis in local cutaneous region and affected channels, consider: LU, LI, HT, SI, PC, or SJ channels Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Damage to underlying channel systems and structures Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Delayed healing due to underlying deficiencies e.g. Blood deficiency, Spleen Qi deficiency
Treatment rehabilitation	<p>WMS goals: Enhance healing of abrasion; reduce pain and swelling.</p> <p>TCM goals: Relieve pain by clearing Qi and Blood stasis in the local cutaneous region and affected channels Restore normal flows of Qi and Blood in the affected channels Calm Shen Resolve toxins Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Osteopath Chiropractor

Contusion Elbow/Forearm

Read code: SE31.	
Number of treatments: 10	Triggers: 12
Key points	Contusion is defined as a closed injury, as opposed to abrasion Risk of compartment syndrome indicated by severe pain disproportionate to injury, early intervention and treatment important to hasten recovery
Special considerations (WMS and TCM)	Consider additional injuries If not caused by trauma, consider underlying medical conditions Fingernails may require aspiration or drainage Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury: determine force involved and depth of injury History of acute management Location and severity of pain Dominant/non-dominant side Medical history including medication Emotional response to trauma Weakness or sensory change in fingers Circulation symptoms
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Consider associated injuries Oedema: extent and severity Bruising or haematoma: extent, severity, colour Pain: location and intensity Nerve involvement Range of movement and strength of proximal and distal joints Palpation: check temperature for infection; peripheral circulation
WMS differential diagnosis	Abrasion Fracture Compartment syndrome: presence or risk Ligament, tendon or nerve damage Ischaemic changes Benign or malignant lump
WMS complications	Compartment syndrome Injury to tendon, nerve or bone Ischaemic contractures Infection Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Calcification of haematoma in muscle belly (myositis ossificans) Chronic pain

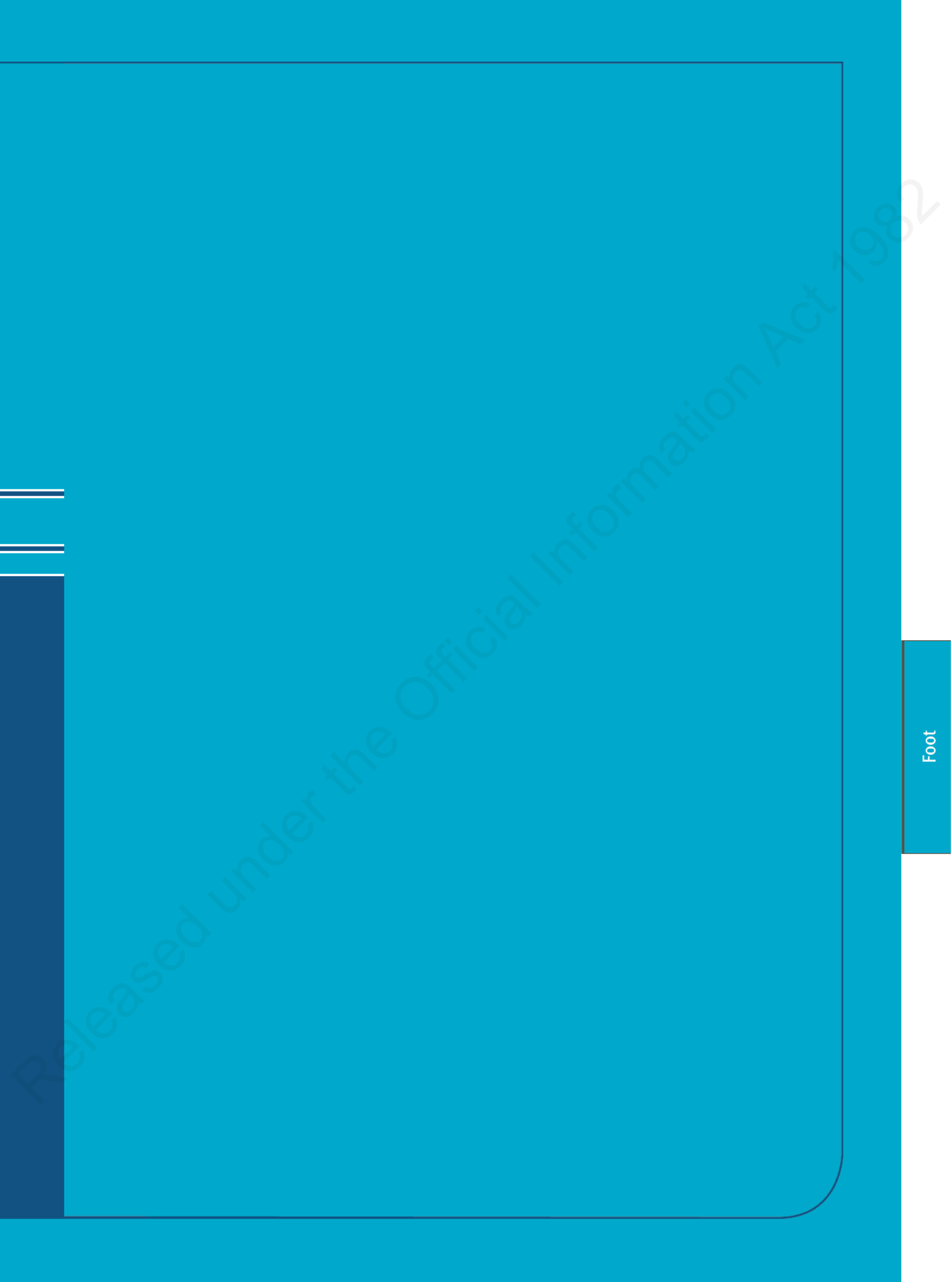
TCM differential diagnosis	<p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma</p> <p>Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising</p> <p>Qi and Blood stasis in local area and affected channels, consider: LU, LI, HT, SI, PC or SJ channels and connecting and muscle-tendino (sinew) channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome)</p> <p>Excessive bruising due to Spleen Qi deficiency, Blood Heat</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of contusion; reduce pain and swelling.</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels Correct any underlying patterns of imbalance. Calm Shen</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Osteopath Chiropractor Occupational therapist</p>

Burns Arm (excluding hand)

Read code: SH3..	
Number of treatments: 20	Triggers: 24
Key points	<p>Acupuncture is not an appropriate frontline treatment for burns. Ensure that the patient has been assessed by a medical practitioner.</p> <p>Management depends on extent and depth of burn (superficial or deep)</p> <p>Refer to hospital if burn is >10% of body surface area: all children; all deep burns; burns with potential problems, e.g. electrical, chemical, circumferential</p>
Special considerations (WMS and TCM)	<p>General health</p> <p>Emotional response to injury</p> <p>Exposed tendon/bone</p> <p>Skin graft donor site</p> <p>More severe burns can involve fluid loss and secondary organ damage</p>
History (WMS and TCM)	<p>Cause of burn: flame, scald, chemical, electrical, etc</p> <p>Percentage of body area involved</p> <p>Depth of burn</p> <p>Respiratory difficulty: inhalation injury</p> <p>Unilateral/bilateral</p> <p>History of immediate management</p> <p>Pain level: check pain management is adequate</p> <p>Surgical intervention</p> <p>Length of hospital stay</p> <p>Previous medical history</p> <p>Functional limitations</p> <p>Emotional response to trauma</p> <p>Symptoms of infection</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Pain: severity; constant or with movement</p> <p>Stage of healing</p> <p>Scarring</p> <p>Condition of skin graft donor site</p> <p>Oedema</p> <p>Range of movement: elbow, wrist</p> <p>Neurovascular status of limb</p> <p>Contractures/ deformities</p> <p>Loss of function</p> <p>General fitness</p> <p>Mobility</p> <p>Signs of infection</p> <p>Differentiate affected structure limiting range of movement: skin, scarring, ligament, muscle and tendon</p>
WMS differential diagnosis	Underlying conditions before trauma

WMS complications	<p>Wound infection Graft failure Contractures and deformities Scarring Chronic pain Psychological/social problems Reduced sensation Loss of function</p>
TCM differential diagnosis	<p>Damage to tissues and local cutaneous region by excess pathogenic Heat causing obstruction to normal flows of Qi and Blood in affected channels, consider: LU, LI, HT, SI, P or SJ channels and connecting and muscle-tendino (sinew) channels In severe cases consider concurrent Yin fluid damage, damage to underlying structures (in extreme cases the Zang Fu) Qi block due to fright Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS above plus: Potential febrile Bi syndrome Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Shen disturbance Damage to Yin and Jin-Ye (fluids) Prolonged Qi and Blood stasis leading to scarring/contracture</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of affected area; reduce pain; restore range of movement</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Yin fluids</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Ion-pumping cords*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Tui na</p>
Onward referral	<p>GP Physiotherapist Osteopath Chiropractor Splint specialist for contractures Occupational therapist Councillor</p>

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Fracture Tarsal Bones/Metatarsals (closed)

Read code: S352.	
Number of treatments: 10	Triggers: 12
Key points	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken</p> <p>Fracture of the fifth metatarsal is the most common, resulting from an inversion injury after having sprained an ankle</p> <p>Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
Special considerations (WMS and TCM)	Effects of gait changes on other joints and soft tissues
History (WMS and TCM)	<p>Mechanism of fracture:</p> <p>Inversion e.g. base of fifth metatarsal</p> <p>Crushing e.g. metatarsals 2 – 4</p> <p>Twisting/torsion e.g. Lisfranc fracture/dislocation</p> <p>Fall from height e.g. os calcis fracture</p> <p>Snowboarding e.g. lateral process of talus</p> <p>Pain</p> <p>Swelling</p> <p>Weight-bearing ability</p> <p>Pain elsewhere in limb</p> <p>Previous injury, management, outcomes</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Compare with other foot</p> <p>Gait/weight-bearing ability</p> <p>Neurovascular status of foot: posterior tibialis and dorsalis pedis pulses, capillary return</p> <p>Deformity</p> <p>Swelling</p> <p>Bruising</p> <p>Location of tenderness</p> <p>Range of movement of ankle and foot joints</p> <p>Foot stability</p> <p>Tendon strength</p> <p>Mobility</p> <p>Functional limitation</p>

WMS differential diagnosis	<p>Sprain e.g. ankle, metatarsophalangeal joint Dislocation e.g. subtalar Contusion foot/ankle Arthritis, gout Ankle fracture</p>
WMS complications	<p>Gait disturbance Compartment syndrome Non-union/malunion (especially base of fifth metatarsal) Avascular necrosis (talar neck, navicular body, cuboid) Complex regional pain syndrome (Lisfranc fractures) Post-traumatic arthritis (Lisfranc fractures) Osteomyelitis Cellulitis/infection Deep vein thrombosis</p>
TCM differential diagnosis	<p>Damage to bone following trauma Damage to surrounding structures resulting in Qi and Blood stasis in the affected channels following trauma Qi and/or Blood stasis in the ST, SP, BL, KI, GB or LR channels Possible involvement of Eight Extraordinary Vessels Underlying deficiency e.g. Kidney Qi deficiency</p>
TCM complications	<p>Same as WMS complications above plus: Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Chronic Qi and Blood stasis restricting movement and function Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen, Nourish Blood and reinforce Qi to enhance union of fracture and restore range of movement Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM): Acute phase – rest, non weight bearing Follow orthopaedic advice regarding weight bearing status and exercise activity Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub acute: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Tui na Liniments and herbal plasters*</p>

Onward referral**Acute phase:**Accident and emergency clinic
GP**Sub acute:**GP
Physiotherapist
Osteopath
Chiropractor
Podiatrist

Fracture Phalanges of foot

Read code: S36..	
Number of treatments: 6	Triggers: 8
Key points	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken</p> <p>Fractures in children are more difficult to recognise because of multiple growth centres</p> <p>Ensure fracture will heal in shape to fit comfortably into a shoe</p> <p>Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
Special considerations (WMS and TCM)	<p>Usually require little treatment</p> <p>Important to prevent rotation or angulation to enable comfortable wearing of shoes</p> <p>Diabetes</p> <p>Peripheral vascular disease</p> <p>Risk of infection in open fractures/crush injuries</p>
History (WMS and TCM)	<p>Mechanism of fracture: stubbed toes, object landing on foot</p> <p>History of immediate treatment and care</p> <p>Pain</p> <p>Swelling</p> <p>Weight-bearing ability</p> <p>Previous injury, management, outcomes</p> <p>General health: diabetes, peripheral vascular disease, steroid use, anticoagulants, rheumatoid arthritis</p> <p>Symptoms of infection</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Compare with other foot</p> <p>Gait</p> <p>Neurovascular status of foot: capillary return</p> <p>Deformity</p> <p>Swelling</p> <p>Bruising</p> <p>Location of tenderness</p> <p>Range of movement of toe joints</p> <p>Tendon strength</p> <p>Mobility</p> <p>Weight-bearing ability</p> <p>Functional limitation</p> <p>Signs of infection</p>
WMS differential diagnosis	<p>Toe dislocation</p> <p>Contusion</p> <p>Sprain</p> <p>Tendon injury</p> <p>Metatarsal fracture</p> <p>Acute arthrosis</p> <p>Gout</p>

WMS complications	<p>Gait disturbance Non-union Infection Arthritis Inability to wear shoes Chronic leg pain syndrome Neuroma</p>
TCM differential diagnosis	<p>Damage to bone following trauma Damage to surrounding structures resulting in Qi and Blood stasis in the affected channels following trauma Qi and/or Blood stasis in the ST, SP, BL, KI, GB or LR channels Possible involvement of Eight Extraordinary Vessels Underlying deficiency e.g. Kidney Qi deficiency</p>
TCM complications	<p>Same as WMS complications above plus: Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Chronic Qi and Blood stasis restricting movement and function Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen, Nourish Blood and reinforce Qi to enhance union of fracture and restore range of movement Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM): Acute phase – rest, non weight bearing Follow orthopaedic advice regarding weight bearing status and exercise activity Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub acute: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>

Onward referral

Acute phase:

Accident and emergency clinic
GP

Sub acute:

GP
Physiotherapist
Osteopath
Chiropractor
Podiatrist

Sprain Metatarsophalangeal Joint/ Interphalangeal Joint

Read code: S5512/S5513

Number of treatments: 8

Triggers: 12

Key points	Fracture should be excluded before diagnosis of sprain Includes haemarthrosis of metatarsophalangeal (MTP) joint and sesamoiditis In rare cases third degree sprain may result in dislocation
Special considerations	MTP joint strains may reflect whole foot pathology, especially in runners If pain persists after 7-10 days, refer for X-ray for occult fracture Toes must heal in normal shape to allow comfortable wearing of shoes Gout may be triggered by trauma, presenting 2-5 days after injury MTP joints must heal with normal mobility to allow normal gait Diabetes Peripheral vascular disease
History (WMS and TCM)	Mechanism of injury: twisting, hyperextension Pain: location and severity Swelling Weight-bearing ability Previous injury, management, outcomes General health: diabetes, peripheral vascular disease Symptoms of infection Arthritis
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Compare with other foot Gait/weight-bearing ability Neurovascular status of foot: capillary return Deformity Swelling Bruising Location of tenderness Mobility Functional limitation Other joint examination
WMS differential diagnosis	Fracture of metatarsal neck Dislocation Infection Contusion Tendon injury Metatarsalgia Flexor hallucis tendonitis Gout Rheumatoid or osteoarthritis Intra-articular fracture/avulsion fracture Plantar fasciitis Interdigital Neuroma (Morton's Neuroma)

WMS complications	<p>Gout Chronic metatarsalgia Neuroma Gait disturbance Arthritis Chronic leg pain syndrome</p>
TCM differential diagnosis	<p>Tissue damage and injury to tendons and ligaments following trauma Qi and Blood stasis in local area and affected channels, consider: ST, SP, BL, KI, GB or LR channels Possible involvement of Eight Extraordinary Vessels Underlying pattern of imbalance e.g. Qi deficiency Liver Blood failing to nourish tendons and ligaments</p>
TCM complications	<p>Same as WMS complications above plus: Delayed healing due to underlying patterns of imbalance e.g. Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, bruising and swelling as appropriate; restore range of movement and normal gait; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub acute: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath Podiatrist</p>

Open Wound Foot/Toe(s)

Read code: SA2../SA3..	
Number of treatments: 10	Triggers: 14
Key points	Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic
Special considerations (WMS and TCM)	Forefoot lacerations and puncture wounds are prone to infection, particularly pseudomonas Continue to assess distal neurovascular and musculotendinous function Medical conditions (especially bleeding disorders, diabetes) Drug therapy (e.g. anticoagulants, immunosuppressants)
History (WMS and TCM)	Nature of trauma causing injury Circumstances of injury: work-related, assault, self-inflicted Medical history including medication General health, symptoms of infection, tetanus status Emotional response to trauma Functional limitations Sensory changes or weakness
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Deformity Wound size, depth, location Retained foreign bodies Joint involvement Oedema: extent and severity Bruising: extent, severity, colour Range of movement of foot and toe joints Palpation: check temperature for infection Neurological signs Gait
WMS differential diagnosis	Underlying fracture Contusion Abrasion Tendon/nerve or vessel involvement
WMS complications	Neurovascular injury Infection Scarring Tendon injury
TCM diagnosis	Damage to tissues and surrounding structures leading to Qi and Blood stasis in local area and affected channels, consider: ST, SP, BL, KI, GB or LR channels and associated fine luo distribution Possible involvement of Eight Extraordinary Vessels Underlying pattern of imbalance e.g. Qi deficiency

TCM complications	<p>Same as WMS complications above plus: Damage to underlying structures e.g. tendon, nerve, bone Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Depending upon the depth of the injury there may be damage to the affected cutaneous region, musculo-tendinous channel, divergent and or main channel Delayed healing or excessive bleeding may lead to Spleen Qi deficiency and Blood deficiency and/or stasis</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of wound; reduce pain and swelling</p> <p>TCM goals: Decrease pain by clearing stasis of Qi and Blood in the local cutaneous region and affected channels Restore normal flow of Qi and Blood in the affected channels Calm Shen Resolve toxins Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Laser Acupuncture Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	GP

Contusion Toe

Read code: SE43.	
Number of treatments: 9	Triggers: 11
Key points	Severe pain/disproportionate for injury should prompt onward referral
Special considerations (WMS and TCM)	Medical conditions (especially bleeding disorders) Diabetes Neuropathies Drug therapy (e.g. anticoagulants) Footwear
History (WMS and TCM)	Nature of trauma causing injury: fall, direct blow (dropped object), vehicle accident Location and severity of pain Chronicity Previous injuries to affected site Functional restrictions: mobility, ability to wear footwear Neurological changes/circulation symptoms Medical conditions and drug therapy General health, signs of infection
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Gait, weight-bearing ability Oedema: extent and severity Bruising: extent, severity, colour Consider associated injuries Range of movement: ankle, foot joints, toes Palpation: check temperature for infection Nerve involvement: sensory and motor changes Involvement of nail bed
WMS differential diagnosis	Fracture Muscle or tendon rupture Abrasion Impaired circulation Nerve lesion Sesamoid dysfunction Infection Gout/other arthritis
WMS complications	Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Neurological signs Infection: requires urgent referral Tendon rupture Nail bed injury

TCM differential diagnosis	Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising Qi and Blood stasis in local cutaneous region and affected channels, consider: ST, SP, BL, KI, GB, or LR channels Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome) Excessive bruising due to Spleen Qi deficiency, Blood Heat Shen disturbance
Treatment rehabilitation	<p>WMS goals: Enhance healing of contusion; reduce pain and swelling; restore range of movement and normal gait</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels Correct any underlying patterns of imbalance. Calm Shen</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Osteopath Chiropractor Podiatrist Occupational therapist

Crush Injury Foot (closed)

Read code: SF322	
Number of treatments: 12	Triggers: 18
Key points	X-rays should be taken to eliminate possibility of tarsometatarsal (Lisfranc) fractures, which are difficult to diagnose and have serious consequences
Special considerations (WMS and TCM)	Medical conditions: bleeding disorders, diabetes, rheumatoid arthritis, osteoarthritis cellulitis, peripheral vascular disease, neuropathies Drug therapy (e.g. anticoagulants) Footwear Compartment syndrome Nerve and vascular injury is possible
History (WMS and TCM)	Nature of trauma causing injury: fall, direct blow (dropped object), vehicle accident Location and severity of pain Chronicity Previous injuries to affected site Functional restrictions: mobility, ability to wear footwear Neurological symptoms, sensory or motor changes Medical conditions and drug therapy General health: signs of infection
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Gait, weight-bearing ability Oedema: extent and severity Bruising: extent, severity, colour Consider associated injuries Abrasions Deformity Range of movement: ankle, foot joints, toes Palpation: check temperature for infection Nerve involvement: sensory and motor changes Circulatory impairment Involvement of nail bed
WMS differential diagnosis	Fracture Muscle or tendon rupture Infection/cellulitis Gout/other arthritis Disruption of inferior tibia/fibula joint Ankle joint injury Undiagnosed fractures of mid-foot with mal-union Loss of function

WMS complications	<p>History of bleeding disorder or anticoagulant use Infection: requires urgent referral Tendon rupture Nail bed contusion Osteoarthritis Chronic pain Neuropraxia/nerve injury Compartment syndrome</p>
TCM differential diagnosis	<p>Damage to local cutaneous area, soft tissue, tendons and ligaments, and possibly bone following trauma Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising Qi and Blood stasis in local cutaneous region and affected channels, consider: ST, SP, BL, KI, GB or LR channels and connecting and musculotendino (sinew) channels Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus: Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome) Excessive bruising due to Spleen Qi deficiency, Blood Heat Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of affected tissues; reduce pain and swelling; restore range of movement and normal gait</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Re-establish the normal flow of Qi and Blood in the affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected area and channels Correct any underlying patterns of imbalance. Calm Shen</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Osteopath Chiropractor Podiatrist Occupational therapist</p>



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Tenosynovitis/Synovitis

Read code: N220.

Number of treatments: 16

Triggers: 16

<p>Key points</p>	<p>Tenosynovitis/synovitis involves inflammation of the synovial sheath around a tendon The most common injuries are trigger finger/thumb, de Quervain's tenosynovitis, intersection, extensors, and long flexors Characterised by pain after repeated movements or stiffness after a period of rest</p>
<p>Special considerations (WMS and TCM)</p>	<p>May occur following repetitive use, poor technique, or after acute injury Rest is very important Rare in patients under 18 years</p>
<p>History (WMS and TCM)</p>	<p>Mechanism of injury: usually follows chronic repetitive strain Dominant/non-dominant side Previous history of injuries Previous treatment, management, investigations, outcomes Nature and severity of pain: reproducible with certain movements Effects on sleep Aggravating and relieving factors: worse during and after activity, better for rest Functional limitations General health past and present, pregnancy, diabetes, rheumatology Occupational and leisure activities: identify causative and aggravating factors Sensory changes or weakness in fingers</p>
<p>Examination (WMS and TCM)</p>	<p>Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Identify area of tenderness and tendons involved Crepitus of tendon Identify movements that elicit pain De Quervain's tenosynovitis: pain along radial aspect of wrist; pain on passive movement of thumb Trigger finger: tenderness in distal palm; tendon thickening and nodularity; crepitation and catching of tendon on flexion Loss of strength/function Weight-bearing pain indicates joint dysfunction Inflammation, heat, swelling Cervical spine involvement Neurological symptoms</p>

WMS differential diagnosis	<p>Tendonitis Joint pathology (often accompanied by instability) Myxoedema/pregnancy Fracture: scaphoid Scaphoid – lunate dissociation Muscle tear/strain Nerve entrapment Ganglion Infection of soft tissue Inflammatory arthritis/gout Carpal tunnel syndrome</p>
WMS complications	<p>Work requirements Neural involvement Tear or rupture of tendon (especially after steroid injection) Joint stiffness Muscle weakness/atrophy Chronic pain</p>
TCM differential diagnosis	<p>Injury to tendon following trauma, misuse or overuse Qi and Blood stasis in local area and affected channels, consider: LU, LI, HT, SI, PC or SJ channels, following misuse, overuse or trauma Underlying Liver Blood deficiency failing to nourish tendons and ligaments or external pathogen obstruction (Bi syndrome) Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS above plus: Chronic Qi and Blood stasis can lead to further invasion of pathogenic factors such as Wind, Cold, Damp and Heat (Bi syndrome) Delayed healing or recurrence if underlying deficiencies are not corrected e.g. Liver Qi stagnation, Blood deficiency Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, oedema and inflammation; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters* Herbs and nutritional supplements*</p>

Onward referral

GP
Physiotherapist
Chiropractor
Osteopath
Occupational therapist
Hand Therapist preferred provider

Fracture of Metacarpal Bone

Read code: S25..	
Number of treatments: 12	Triggers: 16

Key points	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken</p> <p>Includes fractures to head, neck, shaft or base of each metacarpal</p> <p>Splinting or a cast may be used to prevent rotation or shortening at the fracture site</p> <p>Functional disability may be minimal despite fracture of fourth or fifth metacarpal</p> <p>Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
Special considerations (WMS and TCM)	<p>Hand dominance or occupation may affect management</p> <p>Associated ligamentous or soft tissue injury</p> <p>Loss of functioning, e.g. hand stiffness, is most common</p> <p>Fractures involving the joint need special consideration</p>
History (WMS and TCM)	<p>Mechanism of fracture: punch, fall, direct blow, crush</p> <p>Force of impact</p> <p>Immediate management, stability, surgical intervention</p> <p>Local pain and swelling</p> <p>Nerve involvement (sensory changes or weakness in fingers)</p> <p>Pre-existing disability or deformity</p> <p>Occupational and leisure activities</p> <p>Hand dominance</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Comparison with other hand</p> <p>Oedema</p> <p>Tenderness, pain on moving fingers</p> <p>Deformity</p> <p>Soft tissue injury: bruising, lacerations, abrasions</p> <p>Range of movement of fingers and wrist; finger extension</p> <p>Functional limitations: grip strength, pinch strength</p> <p>Neurovascular status; sensation or circulation changes</p>
WMS differential diagnosis	<p>Wrist fracture/dislocation</p> <p>Metacarpophalangeal dislocation</p> <p>Contusion</p> <p>Sprain</p> <p>Pathological fracture</p>
WMS complications	<p>Loss of function: stiffness of hand is common</p> <p>Delayed union/non-union</p> <p>Avascular necrosis</p> <p>Post-traumatic arthritis</p> <p>Infection</p> <p>Neural damage</p>

TCM diagnosis	<p>Damage to bone following trauma Qi and/or Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus: Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM): Acute phase – rest Follow orthopaedic advice regarding exercise activity Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture</p> <p>Sub acute: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Hand Therapist preferred provider Physiotherapist Occupational therapist Osteopath Chiropractor</p>

Fracture Phalanx – Hand

Read code: S26..

Number of treatments: 12

Triggers: 14

<p>Key points</p>	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken Accurate reduction and early mobilisation (7–14 days) are important to regain full function Distal phalanges: usually crush fractures; generally heal well unless intra-articular; disturbance of nail growth is common Middle phalanges: tend to be displaced and unstable; watch for signs of rotation Proximal phalanges: cause greatest concern, especially of little finger; intra-articular fractures usually need internal fixation Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
<p>Special considerations (WMS and TCM)</p>	<p>Hand dominance, occupation, or sporting demands may affect management Finger stiffness due to joint adhesions can result in permanent loss of range and function Associated ligamentous or soft tissue injury Fracture into joint requires special consideration</p>
<p>History (WMS and TCM)</p>	<p>Mechanism of fracture: direct blow, e.g. hit by ball; rotational, crush Force of impact Joint injury Immediate management, stability, surgical intervention Local pain and swelling Pre-existing disability or deformity Functional limitations Occupational and leisure activities</p>
<p>Examination (WMS and TCM)</p>	<p>Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Comparison with other hand Oedema Tenderness, pain on moving fingers: exact location Deformity/displacement Soft tissue injury: bruising, lacerations, abrasions Range of movement of fingers and wrist tendon function Functional limitations: grip strength, pinch strength Circulation to fingertips: capillary refill Nerve involvement</p>
<p>WMS differential diagnosis</p>	<p>Sprain of finger Avulsed or damaged tendons causing deformity Dislocation of interphalangeal joint Pathological fracture Volar plate injury Rheumatological conditions</p>

WMS complications	<p>Loss of function: stiffness of finger due to joint adhesions is common</p> <p>Delayed union/non-union</p> <p>Deformity from tendon injury</p> <p>Post-traumatic arthritis</p> <p>Infection</p>
TCM differential diagnosis	<p>Damage to bone following trauma</p> <p>Qi and/or Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis</p> <p>Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome)</p> <p>Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Restore normal flows of Blood and Qi in the affected channels</p> <p>Calm Shen</p> <p>Nourish Blood and reinforce Qi to enhance healing and restore range of movement</p> <p>Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM):</p> <p>Acute phase – rest</p> <p>Follow orthopaedic advice regarding exercise activity</p> <p>Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Sub acute:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Hand Therapist preferred provider</p> <p>Physiotherapist</p> <p>Osteopath</p> <p>Chiropractor</p> <p>Occupational therapist</p>

Dislocation/Subluxation of Finger/Thumb

Read code: S44..	
Number of treatments: 20	Triggers: 20
Key points	Requires immediate reduction by a suitably qualified practitioner Splinting required for 2-3 weeks
Special considerations (WMS and TCM)	Delayed reduction may result in loss of joint motion, joint instability, and functional limitation Hand dominance, occupation, or sporting demands may affect management Mobilisation can begin 3-5 days after reduction if stable, and pain and swelling have settled
History (WMS and TCM)	Mechanism of injury: forced hyperextension or hyperflexion; lateral or rotational force Immediate management, stability, surgical intervention Local pain and swelling Pre-existing disability or deformity Functional limitations Hand dominance Occupational and leisure activities
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Comparison with other hand Oedema Inflammation Check for underlying tendonitis/tendon rupture or avulsion Tenderness, pain on moving fingers: exact location Range of movement of fingers and wrist Stability of joint through active and passive range of movement Functional limitations: grip strength, pinch strength Circulation to fingertips Nerve involvement (sensory changes or weakness)
WMS differential diagnosis	Fractures of hand Soft tissue injuries: tendon, ligament, muscle Osteoarthritis/arthritis Tendonitis
WMS complications	Loss of joint motion Joint instability Osteoarthritis
TCM diagnosis	Dislocation is the diagnostic term used in TCM Trauma leading to Qi and Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels

TCM complications	<p>Same as WMS complications above plus: Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Liver Blood deficiency failing to nourish tendons and ligaments Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain and inflammation; enhance healing of joint; strengthen muscles; restore range of movement</p> <p>TCM goals: Decrease pain by clearing of local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture</p> <p>Sub acute: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Hand Therapist preferred provider Physiotherapist Occupational therapist Osteopath Chiropractor</p>

Sprain Radial Collateral Ligament (thumb)

Read code: S5204	
Number of treatments: 10	Triggers: 12
Key points	Less common than ulnar collateral ligament sprains
Special considerations (WMS and TCM)	<p>Early mobilisation is important (7-10 days after injury)</p> <p>Measure instability in extension by comparison with other side</p> <p>Unstable injuries or complete collateral ligament tear require referral to specialist</p> <p>Elderly patients are more likely to fracture than sprain and require early mobilisation</p> <p>Consider associated injuries: dislocation previously reduced, tendon rupture in elderly</p>
History (WMS and TCM)	<p>Mechanism of injury: force and direction</p> <p>Duration of symptoms</p> <p>Previous injury/arthritis</p> <p>Occupational and leisure activities</p> <p>Pain: location and severity</p> <p>Dominant/non-dominant side</p> <p>Functional limitations</p> <p>Past history of injuries</p> <p>General health</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Compare with other hand</p> <p>Range of movement</p> <p>Tenderness over joint</p> <p>Joint stability: passive and active</p> <p>Nerve or vascular problems</p> <p>Inflammation</p> <p>Involvement of other joints</p>
WMS differential diagnosis	<p>Fracture</p> <p>Dislocation</p> <p>Muscle tear</p> <p>Muscle or tendon injury</p> <p>Tendonitis, tenosynovitis</p> <p>Joint pathology</p> <p>First metacarpal joint sprain</p> <p>Rheumatological condition</p>
WMS complications	<p>Dysfunctional grip from instability</p> <p>Stiffness</p> <p>Degeneration of joint surfaces</p> <p>Infection</p> <p>Complex regional pain syndrome</p> <p>Involvement of other joints</p>

TCM differential diagnosis	Tissue damage and injury to tendons and ligaments following trauma Qi and Blood stasis in the affected channels, consider: LU, LI or PC channels and muscle-tendino (sinew) channels Liver Blood deficiency failing to nourish tendons and ligaments Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Chiropractor Osteopath Hand Therapist preferred provider Occupational therapist

Sprain Thumb

Read code: S522.

Number of treatments: 10

Triggers: 12

Key points	<p>Includes ulnar collateral ligament sprain (skier's thumb/gamekeeper's thumb), capsular strain of first metacarpophalangeal joint, interphalangeal joint strain</p> <p>Capsular sprains require active rehabilitation; joint may require immobilisation to prevent hyperextension</p> <p>Unstable injuries or complete collateral ligament tear require referral to specialist</p> <p>Elderly patients are more likely to fracture than sprain and require early mobilisation</p> <p>Consider associated injuries: dislocation previously reduced, tendon rupture in elderly</p>
Special considerations (WMS and TCM)	<p>Measure instability in extension using comparison with non-injured side</p> <p>Early mobilisation is important (7-10 days after injury)</p> <p>Past history of injuries</p>
History (WMS and TCM)	<p>Mechanism of injury: force and direction</p> <p>Capsular sprain of first metacarpophalangeal joint: hyperextension and abduction; axial compression</p> <p>Duration of symptoms</p> <p>Previous injury/arthritis</p> <p>Occupational and leisure activities</p> <p>Pain: location and severity</p> <p>Dominant/non-dominant side</p> <p>Functional limitations</p> <p>General health</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Compare with other hand</p> <p>Range of movement</p> <p>Instability in extension</p> <p>Tenderness over joint</p> <p>Joint stability: passive and active</p> <p>Loss of grip or pinch strength</p> <p>Nerve or vascular problems</p> <p>Inflammation</p> <p>Involvement of other joints</p>
WMS differential diagnosis	<p>Fracture</p> <p>Dislocation</p> <p>Muscle or tendon injury</p> <p>Tendonitis, tenosynovitis</p> <p>Joint pathology</p>

WMS complications	<p>Dysfunctional grip from instability Stiffness Degeneration of joint surfaces Infection Complex regional pain syndrome Involvement of other joints</p>
TCM diagnosis	<p>Tissue damage and injury to tendons and ligaments following trauma Qi and Blood stasis in the affected channels, consider: LU, LI or PC channels and muscle-tendino (sinew) channels Liver Blood deficiency failing to nourish tendons and ligaments Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus: Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, bruising and oedema as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath Hand Therapist preferred provider Occupational therapist</p>

Sprain Finger/ Interphalangeal Joint

Read code: S523./S5513

Number of treatments: 10

Triggers: 12

Key points	Includes metacarpophalangeal joint strains, and proximal and distal interphalangeal joint strains Grades 1-2 sprain likely capsular, ligaments, tendon, volar plate
Special considerations (WMS and TCM)	Restore mobility while maintaining stability Children under 12 years rarely sprain ligaments (likely to fracture growth plates or suffer greenstick injury) Elderly patients more likely to fracture than sprain Elderly more likely to rupture tendons
History (WMS and TCM)	Mechanism of injury: force and direction Traction Torsional force Duration of symptoms Acute or chronic event Site of pain Recurrence Dominant/non-dominant side History of dislocation Functional limitations Occupational and leisure activities General health Other joint involvement
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Compare with other hand Tenderness Swelling Deformity Stability Range of movement: passive and active Tendon function Loss of grip strength Nerve or vascular problems Involvement of other joints
WMS differential diagnosis	Fracture Dislocation Tendon injury Tendonitis, tenosynovitis Joint pathology: arthritis Neurovascular injury Infection

WMS complications	<p>Chronic recurrent tendonitis Unstable joints Boutonnière deformity (from volar plate injury) Chronic mallet deformity Joint degeneration</p>
TCM differential diagnosis	<p>Tissue damage and injury to tendons and ligaments Qi and Blood stasis in the affected channels, consider: LU, LI, HT, SI, PC or SJ channels and muscle -tendino (sinew) channels Liver Blood deficiency failing to nourish tendons and ligaments Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus: Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath Hand Therapist preferred provider</p>

Open Wound Hand/Open Wound Fingers/Open Wound Thumb

Read code: S92../S9300/S9302	
Number of treatments: 20	Triggers: 24
Key points	Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic Tendon injuries normally treated after surgical repair
Special considerations (WMS and TCM)	Punch injuries (lacerations from opponent's teeth over metacarpal heads) carry a very high risk of infection Several structures (skin, tendon, nerve, muscle, bone) may be involved
History (WMS and TCM)	Mechanism of injury: force and direction Circumstances of injury: work-related, assault, self-inflicted Posture of hand at time of injury Pain, paraesthesia, anaesthesia, weakness, loss of function Potential for infection Hand dominance Previous injury/disability History of acute management Medical history including medication: immunosuppressants, corticosteroids General health: diabetes, hypertension, symptoms of infection Emotional response to trauma Occupational and leisure activities Tetanus status
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous Regions, Tai Yang, Shao Yang Etc • Tendino Muscle Channels (Sinew Network Vessels) Palpation <ul style="list-style-type: none"> • Associated Channels • Mu And Shu Points • A Shi Points Site and extent of wound Circulation: colour, warmth, pulses, capillary refill Signs/risk of infection Motor function: range of movement of wrist and fingers Sensory function Strength: resisted range of movement Resting posture of hand Oedema: extent and severity
WMS differential diagnosis	Abrasion Crush injury Fracture Ligament, tendon or nerve damage Arterial laceration
WMS complications	Infection Scarring Stiffness Contracture/adherence Tendon rupture

TCM differential diagnosis	Qi and Blood stasis in local affected area and channels, consider: LU, LI, HT, SI, PC or SJ channels and associated fine Luo distribution Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Damage to underlying structures e.g. tendon, nerve, bone Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Delayed healing due to underlying deficiencies e.g. Qi deficiency, Blood deficiency
Treatment rehabilitation	<p>WMS goals: Enhance healing of wound; reduce pain and swelling; restore range of movement</p> <p>TCM goals: Decrease pain by clearing stasis of Qi and Blood in the affected cutaneous area and channels Restore the normal flow of Qi and Blood flow in the affected areas and channels Calm Shen Resolve toxins Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Hand Therapist preferred provider Occupational therapist Osteopath Chiropractor

Open Wound Fingernail/ Avulsion of Nail

Read code: S935./7G321	
Number of treatments: 5	Triggers: 6
Key points	Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic
Special considerations	Inadequate repair of damage to nail bed or matrix may result in long-term nail deformity Often associated with fracture of distal phalanx
History (WMS and TCM)	Mechanism of injury: laceration, degloving, crush Potential for infection Hand dominance History of acute management Medical history including medication: immunosuppressants, corticosteroids General health: diabetes, hypertension, symptoms of infection Emotional response to trauma Occupational and leisure activities Tetanus status
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Site and extent of wound: exposed bone, compound fracture Range of movement of fingers Sensory function Oedema: extent and severity Loss of function Tenderness Signs of infection
WMS differential diagnosis	Loss of nail bed Fracture of distal phalanx
WMS complications	Nail deformity Non-adherence of new nail Persistent mallet finger Osteomyelitis/cellulitis Altered sensation
TCM differential diagnosis	Qi and Blood stasis in local affected area and channels, consider: LU, LI, HT, SI, PC or SJ channels and associated fine luo distribution Possible involvement of Eight Extraordinary Vessels

TCM complications	<p>Same as WMS complications above plus: Damage to underlying structures e.g. tendon, nerve, bone Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Delayed healing due to underlying deficiencies e.g. Qi deficiency, Blood deficiency</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of wound; reduce pain and swelling; restore range of movement</p> <p>TCM goals: Decrease pain by clearing stasis of Qi and Blood in the affected cutaneous area and channels Restore the normal flow of Qi and Blood in the affected area and channels resolve toxins Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Hand Therapist preferred provider Occupational therapist</p>

Amputation Finger(s)

Read code: S96..	
Number of treatments: 18–36	Triggers: 24
Key points	Finger amputations would normally be treated only after initial assessment and treatment by a GP/Accident and Emergency clinic Treatment may follow either re-attachment of finger or treatment of wound
Special considerations (WMS and TCM)	Loss of function affecting occupational and leisure activities Psychological impact of injury
History (WMS and TCM)	Mechanism of injury Circumstances of injury: work-related, assault, self-inflicted Occupational and leisure activities Hand dominance History of acute management Medical history including medication: immunosuppressants, corticosteroids General health: diabetes, hypertension, symptoms of infection Emotional response to trauma Tetanus status
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Extent of injury: number of fingers involved, level of amputation Pain: severity, effects on sleep, phantom limb syndrome Associated injuries Signs of infection Range of movement of proximal joints Loss of function Scarring
WMS complications	Infection/osteomyelitis Phantom limb syndrome Loss of grip strength Decreased sensitivity Cold intolerance Cosmetic disability
TCM differential diagnosis	Amputation Qi and Blood stasis in local cutaneous area and affected channels, consider: LU, LI, HT, SI, PC or SJ channels Possible involvement of Eight Extraordinary Vessels

TCM complications	<p>Same as WMS complications above plus: Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Delayed healing due to underlying deficiencies e.g. Liver Blood deficiency and or stasis Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of wound; decrease inflammation, bruising and oedema as appropriate; reduce pain including phantom limb syndrome; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Decrease pain by clearing stasis of Qi and Blood in the affected cutaneous area and channels Restore normal flow of Qi and Blood flow in the affected channels Calm Shen Resolve toxins Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Phantom limb pain: Acupuncture Electro-acupuncture</p>
Onward referral	<p>GP Physiotherapist Hand Therapist preferred provider Occupational therapist Osteopath Chiropractor</p>

Contusion Finger/Thumb/ Finger nail (haematoma)

Read code: SE33./SE332	
Number of treatments: 10	Triggers: 15
Key points	Contusion is defined as a closed injury, as opposed to abrasion Contusions to limbs carry a risk of compartment syndrome, indicated by pain disproportionate to the injury
Special considerations (WMS and TCM)	Consider additional injuries If not caused by trauma, consider underlying medical conditions Fingernails may require aspiration or drainage by a qualified practitioner Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants) Early treatment to reduce swelling and encourage movement essential
History (WMS and TCM)	Nature of trauma causing injury: determine force involved and depth of injury History of acute management Pain: severity and location Dominant/non-dominant side Medical history including medication Emotional response to trauma Occupational and leisure activities General health; symptoms of infection
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Oedema: extent and severity Bruising: extent, severity, colour Haematoma Consider associated injuries: fracture, nerve involvement, circulatory problems Pain: location and intensity Range of movement: fingers, thumb, wrist Palpation: check temperature for infection; peripheral circulation
WMS differential diagnosis	Compartment syndrome: presence or risk Abrasion Fracture Ligament, tendon or nerve damage Ischaemic changes Benign or malignant lump

WMS complications	<p>Compartment syndrome Injury to tendon, nerve or bone Ischaemic contractures Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Myositis ossificans (calcification of haematoma in muscle belly) Infection Chronic pain</p>
TCM diagnosis	<p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising Qi and Blood stasis in local affected channels, consider: LU, LI, HT, SI, PC or SJ channels and muscle-tendino (sinew) channels Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus: Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome) Excessive bruising due to Spleen Qi deficiency, Blood Heat Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of contusion; reduce pain and swelling; restore range of movement.</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood Correct any underlying patterns of imbalance. Calm Shen</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Occupational therapist Osteopath Chiropractor Hand Therapist preferred provider</p>

Crush Injury Finger (open/closed)/ Thumb (closed)/Finger (open)

Read code: SF23./SF231/SF233

Number of treatments: 24

Triggers: 30

Key points	<p>Mechanism of injury involves force from two sides Likely multiple-tissue involvement Early intervention – balance rest and gentle motion essential to prevent complications and deformity and preserve function</p>
Special considerations (WMS and TCM)	<p>Management of associated injuries: fractures, tendon, nerve, soft tissue, skin Risk of compartment syndrome Haematoma under fingernail may require drainage or nail removal: refer if haematoma covers >50% of nail Consider tendon rupture/division Splinting is important Medical conditions (especially bleeding disorders, diabetes) Drug therapy (e.g. anticoagulants)</p>
History (WMS and TCM)	<p>Nature of trauma causing injury: blow with implement, crush in door, machinery Site of pain Dominant/non-dominant side Occupational and leisure activities History of immediate management Medical history including medication General health; symptoms of infection, tetanus status Emotional response to trauma</p>
Examination (WMS and TCM)	<p>Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Oedema: extent and severity Bruising: extent, severity, colour Haematoma under fingernail: size, pain Mallet finger deformity (avulsion of extensor tendon) Range of movement and strength of wrist and fingers/thumb Palpation: check temperature for infection; peripheral circulation, tenderness Sensation in fingers/thumb: digital nerve injury</p>
WMS differential diagnosis	<p>Fracture Laceration Cellulitis Soft tissue injury: strain or tear Circulatory problems Nerve injury</p>

WMS complications	<p>Compartment syndrome/ischaemic contracture Traumatic myositis (inflammation of muscle following trauma) Osteomyelitis/cellulitis Separation of new nail from nail bed if significant nail bed injury Ligament rupture Injury to nerve, tendon or muscle</p>
TCM differential diagnosis	<p>Damage to local cutaneous area, soft tissue, tendons and ligaments, and possibly bone following trauma Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma consider: LU, LI, HT, SI, P or SJ channels and muscle-tendino (sinew) channels Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising Possible involvement of Eight Extraordinary Vessels Qi block due to fright, in severe trauma</p>
TCM complications	<p>Same as WMS complications above plus: Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome) Excessive bruising due to Spleen Qi deficiency, Blood Heat Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of injured area; reduce pain and swelling.</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected area and channels Correct any underlying patterns of imbalance. Calm Shen</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Occupational therapist Osteopath Chiropractor Hand Therapist preferred provider</p>

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Sprain Hip/Thigh

Read code: S53..	
Number of treatments: 8	Triggers: 12
Key points	Children and the elderly require careful assessment or referral where the history is not consistent with the severity of symptoms
Special considerations	Children under 12 years rarely sprain ligaments: consider infection, irritable hip, slipped upper femoral epiphysis (SUFE), Perthes' disorder, and traction apophysitis (avulsion fracture) Elderly patients are more likely to fracture bones than sprain ligaments Elderly patients need early mobilisation Elderly patients are more likely to suffer tendon rupture
History (WMS and TCM)	Mechanism of injury: fall, sudden acceleration/deceleration, sudden movement e.g. kicking Previous history of injuries Previous treatment, management, investigations, outcomes Onset of pain: sudden or gradual, recurrent Aggravating and relieving factors Functional limitations General health past and present: arthritis, symptoms of infection, involvement of other joints
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Visual: posture, gait Palpation: tenderness; include lower back Range of movement: active, passive, resisted Sensory and motor changes Other joint signs
WMS differential diagnosis	Contusion Fracture/dislocation Infection/arthritis Tendon rupture/strain Referred pain from lower back/sacroiliac joint/knee Hernia Greater trochanteric bursitis Tumour (severe unremitting pain) Osteoporosis Pain of visceral origin Deep vein thrombosis
WMS complications	Chronic or recurrent injury Tendonitis Osteoarthritis Myositis ossificans Loss of function

TCM differential diagnosis	<p>Damage to soft tissue, joint, tendon and ligament following trauma or overuse Qi and Blood stasis in local area and affected channels, consider: BL and GB channels Possible involvement of Eight Extraordinary Vessels Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome) Underlying pattern of imbalance e.g. Liver Blood deficiency leading to Qi and Blood stasis</p>
TCM complications	<p>Same as WMS complications above plus: Delayed healing due to underlying patterns of imbalance e.g. Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement and normal gait; prevent secondary postural adaptation/dysfunction</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath</p>

Contusion Hip and Thigh

Read code: SE40.	
Number of treatments: 10	Triggers: 12
Key points	All urethral injuries should be referred to a specialist – suspect in cases of perineal bruising
Special considerations (WMS and TCM)	Risk of compartment syndrome in limbs, indicated by severe pain disproportionate to injury Existing degenerative changes in hip or spine Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury: fall, direct blow, vehicle accident Location and severity of pain Haematuria Medical conditions and drug therapy Emotional response to trauma General health; involvement of other joints, sensory and motor symptoms Consider associated injuries Bruising to perineum requires referral
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous Regions, Tai Yang, Shao Yang Etc • Tendino Muscle Channels (Sinew Network Vessels) Palpation <ul style="list-style-type: none"> • Associated Channels • Mu And Shu Points • A Shi Points Gait, weight-bearing ability Oedema: extent and severity Bruising: extent, severity, colour Range of movement hip and knee Palpation: check temperature for infection Sensory and motor signs
WMS differential diagnosis	Presence or risk of compartment syndrome Fracture Hip dislocation/instability Abrasion Muscle rupture Impaired circulation Deep vein thrombosis Neurological condition
WMS complications	Compartment syndrome Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Myositis ossificans (calcification of haematoma in muscle belly) Traumatic myositis (inflammation of muscle following trauma) Infection
TCM differential diagnosis	Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels following trauma Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising Qi and Blood stasis in local cutaneous region and affected channels, consider: ST, SP, BL, KI, GB, or LR, connecting and muscle-tendino channels Possible involvement of Eight Extraordinary Vessels

TCM complications	Same as WMS complications above plus: Chronic stasis of Qi and Blood leading to invasion by Wind, Cold, Damp and/or Heat (Bi Syndrome) Excessive bruising due to Spleen Qi deficiency, Blood Heat Shen disturbance
Treatment rehabilitation	<p>WMS goals: Enhance healing of contusion; reduce pain and swelling</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Osteopath Chiropractor Occupational therapist



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Prepatellar Bursitis

Read code: N2165	
Number of treatments: 10	Triggers: 14
Key points	Risk of deep vein thrombosis if immobilised: use quadriceps exercises Retinacular tightening
Special considerations (WMS and TCM)	Avoid aggravating activity: e.g. kneeling Consider infection
History (WMS and TCM)	Mechanism of injury: repetitive trauma (e.g. kneeling), blow to patella, penetration of skin over patella Site of pain Previous history of injuries History of arthritis Previous treatment, management, investigations, outcomes Functional limitations General health; symptoms of infection, other joint involvement
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Compare with other knee Well-defined prepatellar swelling Site of tenderness Broken skin Signs of infection Range of movement of knee: active, passive, resisted Other joint involvement
WMS differential diagnosis	Inflammation of knee joint/patellar tendon Septic bursitis, arthritis (osteoarthritis or inflammatory) Injury to patella Infection Fat pad inflammation Osgood-Schlatter disease Patello-femoral syndrome
WMS complications	Infection/septic bursitis Muscle wasting Recurrent fluid accumulation Progressive enlargement of bursa Fat pad impingement
TCM differential diagnosis	Qi and Blood stasis in local affected area and channels, consider: ST, SP, BL, KI, GB or LR channels, following misuse, overuse or trauma Underlying Liver Blood deficiency failing to nourish tendons and ligaments or external pathogen obstruction (Bi syndrome) Possible involvement of Eight Extraordinary Vessels

TCM complications	<p>Same as WMS complications above plus: Chronic Qi and Blood stasis can lead to further invasion of pathogenic factors such as Wind, Cold, Damp and Heat (Bi syndrome) Delayed healing or recurrence if underlying deficiencies are not corrected e.g. Liver Qi stagnation, Blood deficiency Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation and oedema as appropriate; restore range of movement; clear obstruction if required</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist</p>

Fracture Tibia/Fibula

Read code: S33..

Number of treatments: 12

Triggers: 16

<p>Key points</p>	<p>Ensure that the patient has been assessed by a medical practitioner and appropriate radiological investigations and stabilisation treatment have been undertaken Most common long bone fractured Tibia/fibula fractures in children can indicate severe trauma, and may indicate physical abuse Normally treated after surgical reduction of fracture, during or after immobilisation in plaster cast Isolated fracture of fibula: acute patient may be able to stand and move knee and ankle joints – refer if fracture is suspected after direct blow to fibula Acupuncture is useful in the acute and sub-acute phases to assist in relief of pain, resolution of inflammation and oedema, restoration of blood circulation, repair of damaged tissue and return to normal function</p>
<p>Special considerations (WMS and TCM)</p>	<p>Commonly both bones are fractured, though either can occur alone Tibial fractures are often open and require hospitalisation for elevation, pain relief, and monitoring of circulation Nerve or vessel damage is possible</p>
<p>History (WMS and TCM)</p>	<p>Mechanism of fracture: often torsional, e.g. skiing; fall from height onto feet; direct blow, e.g. vehicle accident History of immediate treatment and care Inability to bear weight Pain Swelling Joint pain Sensory change or weakness in leg/foot General health, symptoms of infection</p>
<p>Examination (WMS and TCM)</p>	<p>Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • cutaneous regions, tai yang, shao yang etc • tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • associated channels • mu and shu points • a shi points Gait, ability to walk (isolated fibula fracture) Soft tissue damage Deformity Bruising Tenderness Swelling Crepitus Proprioception Functional limitation Circulatory, sensory, or motor problems Other joint signs</p>
<p>WMS differential diagnosis</p>	<p>Soft tissue injury Compartment syndrome Fracture or sprain of knee or ankle Tendonitis Peripheral vascular injury Deep vein thrombosis</p>

WMS complications	<p>Non-union (relatively common in tibial fractures) Delayed union, or malunion of fracture Arthritis Fat emboli Peroneal nerve injury Compartment syndrome Deep vein thrombosis Infection Skin breakdown</p>
TCM differential diagnosis	<p>Damage to bone following trauma Qi and/or Blood stasis in the affected channels, consider: ST, SP, BL, KI, GB or LR channels Possible involvement of Eight Extraordinary Vessels Qi block due to severe fright</p>
TCM complications	<p>Same as WMS complications above plus: Non-union of fracture or delayed healing due to Kidney Qi deficiency and/or Blood deficiency and stasis Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain and swelling; increase blood vascularisation; enhance healing of fracture; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing, restore range of movement Correct any underlying patterns of imbalance</p> <p>Advice (WMS and TCM): Acute phase – rest, non weight bearing Follow orthopaedic advice regarding weight bearing status and exercise activity Be mindful of medications that reduce gastric acid and therefore reduce calcium uptake e.g. anti-inflammatories, losec, smoking</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture</p> <p>Sub acute: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	<p>Accident and emergency clinic for open fracture GP Physiotherapist Osteopath Chiropractor Podiatrist</p>

Acute Meniscal Tear (medial)

Read code: S460.	
Number of treatments: 10	Triggers: 12
Key points	<p>Medial meniscal tear is more common than lateral</p> <p>Mechanism of injury causes meniscus to be compressed between tibial and femoral condyles and then subjected to a twisting force</p> <p>Often occur with anterior cruciate ligament (ACL) tears</p> <p>Meniscal tears may present as chronic knee pain in older people</p> <p>Persistent locking indicates bucket handle tear and requires surgery</p>
Special considerations (WMS and TCM)	May require arthroscopy
History (WMS and TCM)	<p>Mechanism of injury: usually twisting injury with flexed knee over fixed foot – abduction force with external rotation of lower leg on femur</p> <p>Sudden onset of pain with activity or kneeling</p> <p>Degree of force involved</p> <p>Swelling usually >4 hours or next day</p> <p>Mobility since injury</p> <p>Knee may lock or give way</p> <p>Pain localised to medial joint line</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Functional limitations</p> <p>General health and other joint symptoms</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Effusion</p> <p>Pain on hyperextension or hyperflexion of knee</p> <p>Pain on external rotation of lower leg with knee at 90 degrees</p> <p>Site of tenderness and reproducible pain: medial joint line</p> <p>Range of movement of knee: may have springy resistance to extension</p> <p>Test for ligamentous instability</p> <p>Possibly weakened or atrophied quadriceps</p> <p>Other joint involvement</p>
WMS differential diagnosis	<p>Torn ligament</p> <p>Osteochondral fracture</p> <p>Dislocation/subluxation of patella</p> <p>Inflammatory or degenerative joint disease</p> <p>Muscle tear: hamstrings, gastrocnemius, popliteus</p> <p>Baker's cyst</p> <p>Infection</p> <p>Patello-femoral syndrome</p>
WMS complications	<p>Muscle wasting: quadriceps, especially vastus medialis oblique</p> <p>Osteoarthritis</p> <p>Chronic pain</p> <p>Instability</p> <p>Loose bodies in joint</p>

TCM differential diagnosis	Qi and/or Blood stasis in the affected channels following trauma, consider: ST, SP, BL, KI, GB or LR channels Possible involvement of Eight Extraordinary Vessels Liver Blood deficiency failing to nourish tendons and ligaments
TCM complications	Same as WMS complications above plus: Chronic Qi and Blood stasis can lead to further invasion of pathogenic factors such as Wind, Cold, Damp and Heat (Bi syndrome) Delayed healing or recurrence if underlying deficiencies are not corrected e.g. Qi deficiency, Liver Blood deficiency Shen disturbance
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, oedema; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Chiropractor Osteopath

Acute Meniscal Tear (lateral)

Read code: S461.	
Number of treatments: 8	Triggers: 12
Key points	<p>Medial meniscal tear is more common than lateral</p> <p>Mechanism of injury causes meniscus to be compressed between tibial and femoral condyles and then subjected to a twisting force</p> <p>Meniscal tears may present as chronic knee pain in older people</p> <p>May be associated with anterior cruciate ligament injury</p> <p>Persistent locking indicates bucket handle tear and requires surgery</p>
Special considerations (WMS and TCM)	<p>Lateral tears often require more rehabilitation than medial tears</p> <p>May require arthroscopy</p> <p>Early rehabilitation is essential to reduce effusion</p>
History (WMS and TCM)	<p>Mechanism of injury: usually twisting injury with flexed knee over fixed foot – adduction force with internal rotation of lower leg on femur</p> <p>Sudden onset of pain with activity or kneeling</p> <p>Degree of force involved</p> <p>Swelling usually >4 hours or next day</p> <p>Mobility since injury</p> <p>Knee may lock or give way</p> <p>Pain: at lateral joint line, may radiate up and down thigh</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Functional limitations</p> <p>General health and other joint symptoms</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Effusion</p> <p>Pain on hyperextension or hyperflexion of knee</p> <p>Pain on internal rotation of lower leg with knee at 90 degrees</p> <p>Site of tenderness and reproducible pain: lateral joint line</p> <p>Palpable and visible lump when knee is examined at 45 degrees</p> <p>Range of movement of knee: may have springy resistance to extension; limited extension</p> <p>Test for ligamentous instability, especially anterior cruciate ligament</p> <p>Possibly weakened or atrophied quadriceps</p> <p>Other joint involvement</p>
WMS differential diagnosis	<p>Torn ligament, especially anterior cruciate</p> <p>Osteochondral fracture</p> <p>Dislocation/subluxation of patella</p> <p>Ilio-tibial band friction syndrome</p> <p>Inflammatory or degenerative joint disease</p> <p>Muscle tear: hamstrings, gastrocnemius, popliteus</p> <p>Tibia/fibula joint dysfunction</p> <p>Baker's cyst</p> <p>Infection</p> <p>Patello-femoral syndrome</p>

WMS complications	<p>Quadriceps muscle wasting Degenerative joint disease Chronic pain Loose bodies in joint Meniscal cyst</p>
TCM differential diagnosis	<p>Qi and/or Blood stasis in the affected channels following trauma, consider: ST, SP, BL, KI, GB or LR channels Possible involvement of Eight Extraordinary Vessels Liver Blood deficiency failing to nourish tendons and ligaments</p>
TCM complications	<p>Same as WMS complications above plus: Chronic Qi and Blood stasis can lead to further invasion of pathogenic factors such as Wind, Cold, Damp and Heat (Bi syndrome) Delayed healing or recurrence if underlying deficiencies are not corrected e.g. Qi deficiency, Liver Blood deficiency Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, oedema; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath Podiatrist</p>

Sprain Quadriceps Tendon

Read code: S533.

Number of treatments: 8

Triggers: 14

Key points	<p>The rectus femoris muscle covers both the hip and knee, so it is important to consider both joints</p> <p>Elderly patients are more likely to fracture bones than sprain ligaments</p> <p>Elderly patients are more likely to suffer tendon rupture</p> <p>Children under 12 years rarely sprain ligaments: consider infection, irritable hip, slipped upper femoral epiphysis (SUFE), Perthes' disorder, avulsion fracture</p> <p>Spinal pain may refer to the thigh</p>
Special considerations (WMS and TCM)	<p>Elderly patients need early mobilisation to avoid stiffening of joints</p>
History (WMS and TCM)	<p>Mechanism of injury: direct blow, twisting injury, over-stretching</p> <p>Site of pain</p> <p>Previous history of injuries including lumbar spine and hip joint</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Functional limitations</p> <p>General health</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Swelling</p> <p>Gap in tendon</p> <p>Site of tenderness</p> <p>Ability to actively straight leg raise</p> <p>Range of movement of knee: active, passive, resisted</p> <p>Patello-femoral joint signs</p> <p>Pain and/or instability when stressing tendon</p> <p>Other joint involvement, back and hip function</p>
WMS differential diagnosis	<p>Fracture (pathological fracture)</p> <p>Infection/abscess</p> <p>Tendon or muscle tear</p> <p>Traction apophysitis</p> <p>Lumbar spine strain</p> <p>Sacroiliac joint dysfunction</p> <p>Contusion/haematoma</p> <p>Hernia</p> <p>Traumatic osteitis pubic symphysis</p> <p>Children: consider infection, irritable hip, slipped upper femoral epiphysis (SUFE), Perthes' disorder, cancer, and avulsion fracture</p> <p>Bursitis</p> <p>Osgood-Schlatter disease</p> <p>Patello-femoral syndrome</p> <p>Patella fracture</p> <p>Plica's syndrome</p> <p>Infrapatella fat pad</p>

WMS complications	<p>Chronic or recurrent injury Tendonitis Muscle wasting Quadriceps haematoma Myositis ossificans Loss of function</p>
TCM differential diagnosis	<p>Qi and/or Blood stasis in the affected channels following trauma, consider: St, SP, BL, KI, GB or LR channels Liver Blood deficiency failing to nourish tendons and ligaments Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus: Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion Tui na Liniments for herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath Podiatrist</p>

Sprain Lateral Collateral Ligament Knee

Read code: S540.	
Number of treatments: 10	Triggers: 14
Key points	<p>If the knee has been subjected a sideways force while fully extended, a posterior capsular tear may be involved, which should be referred</p> <p>Lateral collateral ligament damage is much less common than medial, and is less likely to tear</p> <p>Children under 12 years rarely sprain ligaments</p> <p>Elderly patients are more likely to fracture than sprain</p>
Special considerations (WMS and TCM)	<p>Large knee effusions can cause loss of range of motion and muscle wasting, so early rehabilitation is essential</p> <p>Associated injuries are likely to be present, especially meniscal tear</p>
History (WMS and TCM)	<p>Mechanism of injury: usually direct outward force to medial side of flexed weight-bearing knee</p> <p>Location of pain/tenderness</p> <p>Swelling at time of injury</p> <p>Loss of function</p> <p>Locking, giving way, clicking</p> <p>Weight-bearing ability</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>General health and medication: steroid use, diabetes, rheumatoid arthritis</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Gait</p> <p>Swelling</p> <p>Range of movement of knee</p> <p>Ligament tests: Drawer test, degree of instability</p> <p>Lumbar spine/hip</p> <p>Other joint involvement, signs of infection</p>
WMS differential diagnosis	<p>Posterior capsule tear</p> <p>Cruciate ligament injury</p> <p>Meniscus injury</p> <p>Ilio-tibial band problem</p> <p>Fracture</p> <p>Patellar dislocation/subluxation/fracture</p> <p>Muscle tear: hamstrings, gastrocnemius, popliteus</p> <p>Inflammatory or degenerative joint disease</p>
WMS complications	<p>Quadriceps muscle wasting</p> <p>Meniscal injury</p> <p>Osteoarthritis</p> <p>Instability</p>

TCM differential diagnosis	Tissue damage and injury to tendons and ligaments following trauma Qi and Blood stasis in the affected channels, consider: St, SP, BL, KI, GB or LR channels Liver Blood deficiency failing to nourish tendons and ligaments Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Chiropractor Osteopath Occupational therapist

Sprain Medial Collateral Ligament Knee

Read code: S541.	
Number of treatments: 10	Triggers: 14
Key points	<p>If the knee has been subjected a sideways force while fully extended, a posterior capsular tear may be involved, which should be referred</p> <p>Medial collateral ligament damage is much more common than lateral</p> <p>Children under 12 years rarely sprain ligaments</p> <p>Elderly patients are more likely to fracture than sprain</p>
Special considerations (WMS and TCM)	<p>Large knee effusions can cause loss of range of motion and muscle wasting, so early rehabilitation is essential</p> <p>Associated injuries are likely to be present, especially meniscal tear</p>
History (WMS and TCM)	<p>Mechanism of injury: usually direct inward force to lateral side of flexed weight-bearing knee; external tibial rotation</p> <p>Location of pain/tenderness</p> <p>Medial knee pain above or below joint</p> <p>Swelling at time of injury</p> <p>Loss of function</p> <p>Locking, giving way, clicking</p> <p>Weight-bearing ability</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>General health and medication: steroid use, diabetes, rheumatoid arthritis</p> <p>Other joint involvement</p>
Examination (WMS and TCM)	<p>Pulse</p> <p>Tongue</p> <p>Shen and emotions</p> <p>Complexion colour</p> <p>Observation</p> <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) <p>Palpation</p> <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points <p>Gait</p> <p>Swelling: localised over medial aspect of knee</p> <p>Palpable tenderness proximal rather than distal to knee</p> <p>Range of movement of knee</p> <p>Ligament tests: Drawer test, degree of instability</p> <p>Lumbar spine/hip</p> <p>Other joint involvement, signs of infection</p>
WMS differential diagnosis	<p>Posterior capsule tear</p> <p>Cruciate ligament injury</p> <p>Meniscus injury</p> <p>Fracture</p> <p>Patellar dislocation/subluxation/fracture</p> <p>Patellar tendon</p> <p>Patello-femoral syndrome</p> <p>Muscle tear: hamstrings, gastrocnemius, popliteus</p> <p>Bursitis</p> <p>Meniscal cyst</p> <p>Degenerative or inflammatory disease</p> <p>Deep vein thrombosis</p>

WMS complications	<p>Quadriceps muscle wasting Meniscal injury Osteoarthritis Instability Patello-femoral syndrome</p>
TCM differential diagnosis	<p>Tissue damage and injury to tendons and ligaments following trauma Qi and Blood stasis in the affected channels, consider: St, SP, BL, KI, GB or LR channels Liver Blood deficiency failing to nourish tendons and ligaments Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus: Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist</p>

Sprain Cruciate Ligament Knee

Read code: S542.

Number of treatments: 12

Triggers: 16

<p>Key points</p>	<p>Anterior cruciate ligament rupture is a serious and disabling injury that may result in chronic instability – degenerative joint changes can result Anterior cruciate ligament ruptures are associated with early haemarthrosis Posterior cruciate ligament ruptures are extracapsular and not always associated with knee joint effusion Seventy per cent of anterior cruciate ligament ruptures require surgery Posterior cruciate ligament ruptures rarely require surgical repair May occur following unresolved previous injury Children under 12 years rarely sprain ligaments Elderly patients are more likely to fracture than sprain Elderly patients are more likely to rupture tendons</p>
<p>Special considerations (WMS and TCM)</p>	<p>Static muscle exercises should be started early to prevent muscle wasting Knee should not be immobilised for more than two days Associated meniscus injury is common Associated patello-femoral pain/bursitis/hip and lumbar pain/collateral ligament injuries Consider tendon rupture in elderly patients</p>
<p>History (WMS and TCM)</p>	<p>Mechanism of injury: internal tibial rotation on flexed knee; sudden change in direction/deceleration; abduction force, e.g. rugby tackle; landing from a jump; forced flexion Posterior cruciate ligament: direct blow to anterior tibia with flexed knee; severe hyperextension injury Audible pop/felt snap in knee If previous injury: loss of function; knee gives way Rapid swelling (within four hours) implies cruciate ligament rupture or fracture Weight-bearing ability Posterior cruciate ligament: popliteal pain radiating to calf; may be little or no swelling; minimal disability; Previous history of injuries Previous treatment, management, investigations, outcomes General health other joint involvement</p>
<p>Examination (WMS and TCM)</p>	<p>Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Joint may be locked due to effusion, anterior cruciate tag, or associated meniscal tear Check quadriceps mechanism Gait/swelling Diffuse tenderness on joint line Range of movement Ligament tests/joint stability: Drawer test Muscle spasm/wasting Lumbar spine/hip Signs of infection and other joint involvement</p>

WMS differential diagnosis	<ul style="list-style-type: none"> Collateral ligament injury Meniscus injury Fracture Patellar dislocation/subluxation/fracture Rupture of quadriceps mechanism Bursitis Infection Deep vein thrombosis
WMS complications	<ul style="list-style-type: none"> Muscle wasting causing worsening instability Meniscal injury Osteoarthritis Instability Patello-femoral syndrome Patellar dislocation
TCM differential diagnosis	<ul style="list-style-type: none"> Tissue damage and injury to ligament following trauma Qi and Blood stasis in the affected channels, consider: St, SP, BL, KI, GB or LR channels and muscle-tendino (sinew) channels Liver Blood deficiency failing to nourish tendons and ligaments Possible involvement of Eight Extraordinary Vessels
TCM complications	<ul style="list-style-type: none"> Same as WMS complications above plus: Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Restore normal flows of Blood and Qi in the affected channels Calm Shen Nourish Blood and reinforce Qi to enhance healing and restore range of movement Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Moxibustion Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<ul style="list-style-type: none"> GP Physiotherapist Chiropractor Osteopath Occupational therapist Podiatrist

Sprain Gastrocnemius

Read code: S54x1	
Number of treatments: 8	Triggers: 12
Key points	Usually a rupture of the medial head of gastrocnemius at the junction where the Achilles tendon merges with the muscle
Special considerations (WMS and TCM)	Often an injury of middle-aged athletes Full tears require referral Deep vein thrombosis often missed
History (WMS and TCM)	Mechanism of injury: often occurs during dorsiflexion with extended knee; sudden acceleration/deceleration Sudden sharp pain in calf, like being struck from behind Localised tenderness and hardness Bruising over rupture site Previous history of injuries Previous treatment, management, investigations, outcomes Functional limitations General health, medications
Examination (WMS and TCM)	Pulse Tongue Shen and emotions Complexion colour Observation <ul style="list-style-type: none"> • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation <ul style="list-style-type: none"> • Associated channels • Mu and shu points • A shi points Gait, unable to put heel to ground Pain on dorsiflexion of ankle and resisted plantar flexion Site of pain and swelling: upper medial calf Palpation: step or gap in muscle
WMS differential diagnosis	Deep vein thrombosis Referred pain from spine/sacrum or knee Baker's cyst Muscle strain: plantaris, soleus Cellulitis/infection Achilles tendon sprain Radiculopathy from lumbar spine
WMS complications	Necrosis Achilles tendon injury Tendonitis Rupture Compartment syndrome
TCM differential diagnosis	Tissue damage and injury to muscle, tendons and ligaments following trauma Qi and Blood stasis in the affected channels, consider: BL, or GB channels and muscle-tendino (sinew) channels Liver Blood deficiency failing to nourish tendons and ligaments Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency Chronic stasis of Qi and Blood may lead to invasion of pathogenic factors, Wind, Cold, Damp and/or Heat (Bi syndrome) Shen disturbance