

<p>Treatment rehabilitation</p>	<p>WMS goals: Decrease pain, inflammation, oedema and bruising as appropriate; restore range of movement and function</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>
<p>Onward referral</p>	<p>GP Physiotherapist Chiropractor Osteopath Podiatrist</p>

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Open Wound Knee/Leg

Read code: SA100/SA101	
Number of treatments: 12	Triggers: 16
Key points	<p>Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic</p> <p>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</p> <p>Normal distal pulses, skin colour and capillary return do not exclude compartment syndrome</p>
Special considerations (WMS and TCM)	<p>Continue to assess distal neurovascular and musculotendinous function</p> <p>Medical conditions (especially bleeding disorders, diabetes)</p> <p>Drug therapy (e.g. anticoagulants)</p>
History (WMS and TCM)	<p>Nature of trauma causing injury, risk of penetration into joint</p> <p>Circumstances of injury: work-related, assault, self-inflicted</p> <p>Compartment syndrome symptoms</p> <p>Medical history including medication</p> <p>Emotional response to trauma</p> <p>Functional limitations</p> <p>General health; symptoms of infection, tetanus status</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>Deformity</p> <p>Wound size, depth, location</p> <p>Retained foreign bodies</p> <p>Joint involvement</p> <p>Compartment syndrome signs: pain on passive stretching or active flexion of affected muscles; distal sensory abnormalities</p> <p>Oedema: extent and severity</p> <p>Bruising: extent, severity, colour</p> <p>Range of movement and strength of hip, knee and ankle joints</p> <p>Palpation: check temperature for infection</p> <p>Neurological signs</p>
WMS differential diagnosis	<p>Underlying fracture</p> <p>Compartment syndrome</p> <p>Contusion</p> <p>Abrasion</p>
WMS complications	<p>Ischaemic contractures from compartment syndrome</p> <p>Excessive bleeding due to bleeding disorder or anticoagulant use</p> <p>Neurovascular injury</p> <p>Infection</p> <p>Scarring</p> <p>Penetration of joint with risk of sepsis</p> <p>Tendon rupture</p> <p>Deep vein thrombosis</p>

TCM differential diagnosis	Damage to tissue and surrounding structures causing Qi and Blood stasis in local area and affected channels, consider: ST, SP, BL, KI, GB or LR channels and 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</p> <p>TCM goals: Relieve pain by clearing stasis of Qi and Blood in the affected 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 Auricular 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

Abrasion Leg/Knee

Read code: SD60./SD602	
Number of treatments: 4	Triggers: 6
Key points	<p>Superficial injury or laceration not involving deep structures</p> <p>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</p> <p>Normal distal pulses, skin colour and capillary return do not exclude compartment syndrome</p>
Special considerations (WMS and TCM)	<p>Abraded skin is prone to hyperpigmentation – advise sunblock for six months after injury</p>
History (WMS and TCM)	<p>Nature of trauma causing injury</p> <p>Compartment syndrome symptoms</p> <p>Medical history including medication</p> <p>Emotional response to trauma</p> <p>Functional limitations change in sensation</p> <p>Medical conditions (especially bleeding disorders, diabetes)</p> <p>Drug therapy (e.g. anticoagulants)</p> <p>General health; symptoms of infection, tetanus status</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>Deformity</p> <p>Wound size, depth, location</p> <p>Retained foreign bodies</p> <p>Joint involvement</p> <p>Compartment syndrome signs: pain on passive stretching or active flexion of affected muscles; distal sensory abnormalities</p> <p>Oedema: extent and severity</p> <p>Bruising: extent, severity, colour</p> <p>Range of movement and strength of hip, knee and ankle joints</p> <p>Palpation: check temperature for infection</p> <p>Neurological signs</p>
WMS differential diagnosis	<p>Underlying fracture</p> <p>Compartment syndrome</p> <p>Deep laceration involving deeper structures</p> <p>Contusion</p> <p>Joint sprain</p>
WMS complications	<p>Ischaemic contractures from compartment syndrome</p> <p>Excessive bleeding due to bleeding disorder or anticoagulant use</p> <p>Nerve involvement</p> <p>Infection</p> <p>Scarring</p> <p>Deep vein thrombosis</p>

TCM differential diagnosis	Superficial damage to cutaneous region following trauma Qi and Blood stasis in local cutaneous region and affected channels, consider: St, SP, BL, KI, GB or LR channels and fine luo distribution 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 stasis of Qi and Blood in the affected 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 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

Contusion Knee and Lower Leg

Read code: SE41.	
Number of treatments: 9	Triggers: 10
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 Chronicity Previous injuries to affected site Functional restrictions Neurological changes Medical conditions and drug therapy Emotional response to trauma 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 Severity of swelling in limbs Gait, weight-bearing ability Oedema: extent and severity Bruising: extent, severity, colour Haematoma: site, size Consider associated injuries Range of movement: knee and ankle Stability of joints: knee and ankle Muscle wasting Palpation: check temperature for infection Peripheral circulation Nerve involvement
WMS differential diagnosis	Presence or risk of compartment syndrome Fracture: head of fibula, tibia, patella, condyles Epiphysitis in children Muscle or tendon rupture Abrasion Impaired circulation Neurovascular injury Deep vein thrombosis

WMS complications	<p>Compartment syndrome Ischaemic contractures Deep vein thrombosis 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) Neurological injury Infection/cellulitis Chronic pain</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 affected channels, consider: ST, SP, BL, KI, GB or LR 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</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 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 Moxibustion Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-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 Lower Limb (multiple sites)

Read code: SE44.	
Number of treatments: 10	Triggers: 14
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 Chronicity Previous injuries to affected sites Functional restrictions Neurological changes Medical conditions and drug therapy Emotional response to trauma 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 Severity of swelling in limbs Gait, weight-bearing ability Oedema: extent and severity Bruising: extent, severity, colour Haematoma: site, size Consider associated injuries Anatomical structures and tissues affected Range of movement: knee, ankle, foot Stability of joints: knee and ankle Muscle wasting Palpation: check temperature for infection Peripheral circulation Nerve involvement: sensory or motor problems
WMS differential diagnosis	Presence or risk of compartment syndrome Fracture: head of fibula, tibia, patella, condyles Muscle, tendon, or ligament rupture Disruption of superior or inferior tibia - fibula joint Abrasion Impaired circulation Neurovascular injury Deep vein thrombosis

WMS complications	<p>Compartment syndrome Ischaemic contractures Deep vein thrombosis 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) Neurological injury Infection/cellulitis Chronic pain</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 affected channels, consider: ST, SP, BL, KI, GB or LR channels 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 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 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 Moxibustion Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-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 Lower Limb

Read code: SH5..	
Number of treatments: 20–30	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>Severe burns are associated with 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>History of immediate management</p> <p>Depth of burn</p> <p>Respiratory difficulty: inhalation injury</p> <p>Unilateral/bilateral</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>General health and medication: diabetes, immunocompromise, symptoms of infection</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>Pain: severity; constant or with movement</p> <p>Stage of healing</p> <p>Risk or presence of infection</p> <p>Scarring</p> <p>Condition of skin graft donor site</p> <p>Oedema</p> <p>Range of movement: knee, ankle</p> <p>Neurovascular status of limb</p> <p>Contractures/ deformities</p> <p>Loss of function</p> <p>General fitness</p> <p>Mobility: ability to bear weight</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 Internal organ compromise</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, KI, GB or LR channels In severe cases consider concurrent Yin fluid damage and 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 fluids and Jin-Ye (body 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 Correct any underlying patterns of imbalance Calm Shen Nourish Yin fluids and Jin-Ye</p> <p>Acute phase: Acupuncture Auricular acupuncture Laser acupuncture Ion pumping cords*</p> <p>Sub-acute phase: Acupuncture Auricular acupuncture Laser acupuncture Tui na</p>
Onward referral	<p>GP Physiotherapist Osteopath Chiropractor Occupational therapist Councillor</p>



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Post-Concussion Syndrome

Read code: E2A2.	
Number of treatments: 12	Triggers: 16
Key points	<p>Post-concussion syndrome may occur even after relatively minor head injury: symptoms include decreased concentration, headaches, sleepiness, fatigue, irritability, dizziness</p> <p>Ensure that original injury was thoroughly assessed by a suitably qualified practitioner and that intra-cranial haemorrhage and cervical spine injury have been considered and excluded</p> <p>If a sports injury, ensure patient is complying with guidelines regarding time out of sport after concussion, to avoid Second Impact Syndrome (a second blow to the head while still suffering effects of first concussion, causing serious cerebral oedema out of proportion to the force of impact)</p>
Special considerations (WMS and TCM)	<p>Recovery may be slow (1-3 months)</p> <p>Five percent of patients may still be impaired after two years</p> <p>Occupational and leisure activities: high levels of concentration required; use of potentially dangerous machinery/equipment, including driving</p> <p>Medical conditions (especially bleeding disorders)</p> <p>Drug therapy (e.g. anticoagulants)</p>
History (WMS and TCM)	<p>Head injury: force of impact, loss of consciousness</p> <p>Associated injuries</p> <p>History of immediate treatment</p> <p>Medical history including medication</p> <p>Headache</p> <p>Decreased concentration</p> <p>Memory difficulties</p> <p>Sleep disorder</p> <p>Easily fatigued</p> <p>Irritability/aggression</p> <p>Anxiety/depression/affective disorder</p> <p>Dizziness, tinnitus, vertigo</p> <p>Photophobia, blurred vision</p> <p>Social/relationship dysfunction</p> <p>Occupational difficulties</p> <p>Previous psychiatric history</p> <p>Symptoms worse after work/exercise</p> <p>Onset/worsening of symptoms after head injury</p> <p>Emotional response to condition</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>Abrasion/head wound</p> <p>Pain: location, nature, severity</p> <p>Oedema: extent and severity</p> <p>Bruising: colour, extent</p> <p>Cervical spine involvement</p>
WMS differential diagnosis	<p>Stroke</p> <p>Psychiatric conditions</p> <p>Chronic fatigue syndrome</p>

WMS complications	<p>Psychosocial problems, especially depression</p> <p>Work demands</p> <p>Associated cervical spine injury</p> <p>Skull fracture</p> <p>Intracranial haemorrhage</p> <p>Dural tear with cerebro-spinal fluid leakage</p>
TCM differential diagnosis	<p>Injury to brain and/or spinal marrow (Jing) following trauma</p> <p>Qi and Blood stasis in the affected channels, consider: ST, BL, SJ, LI, SI and GB channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Underlying patterns of imbalance e.g Liver Yang rising, Heart fire</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying channel systems</p> <p>Damage to underlying structures eg bone, blood vessel, nerve</p> <p>Brain dysfunction expressed as Zang Fu patterns of imbalance eg disorders of Heart, Liver, Kidney</p> <p>Chronic Qi and Blood stasis</p> <p>Post traumatic patterns may develop e.g. Liver Blood deficiency, Liver wind and marrow (Jing) deficiency</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Provide support while natural healing takes place</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels to reduce pain and swelling</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected area</p> <p>Correct any underlying patterns of imbalance.</p> <p>Calm Shen</p> <p>Subdue Liver Wind</p> <p>Acute phase:</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> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Laser Acupuncture</p> <p>Moxibustion</p> <p>Tui na</p>
Onward referral	<p>GP</p> <p>Head Injury Society</p> <p>Occupational therapist</p>

Open Wound Ear

Read code: S82..	
Number of treatments: 12	Triggers: 16
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)	Lacerations of auricular cartilage should be treated with antibiotics prophylactically Acute vertigo or deafness implies inner or middle ear damage Medical conditions (especially bleeding disorders, diabetes) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury Associated injuries: head injury, loss of consciousness History of immediate treatment Acute vertigo/deafness Medical history including medication Emotional response to trauma General health, 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 Wound size, depth, location Retained foreign bodies Palpation: check temperature for infection Trauma to tympanic membrane/external auditory canal Hearing loss Pain: location, nature, severity Oedema: extent and severity Bruising: colour, extent
WMS differential diagnosis	Underlying facial fracture Deep laceration involving deeper structures Contusion Head injury
WMS complications	Chronic tympanic membrane perforations External auditory canal stenosis Auricular cartilage necrosis secondary to infection Auricular cartilage overgrowth secondary to auricular haematoma Scarring
TCM differential diagnosis	Injury to skin and surrounding structures following trauma Qi and Blood stasis in local cutaneous area and affected channels, consider: SI, SJ and GB channels Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Injury to underlying channel systems Injury to surrounding structures eg brain, tympanic membrane, nerve, blood vessel Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Excessive bleeding caused by Spleen Qi deficiency

<p>Treatment rehabilitation</p>	<p>WMS goals: Enhance healing of wound; reduce pain and swelling</p> <p>TCM goals: Disperse stasis of Qi and Blood in affected region and channels to reduce pain and swelling Restore normal Qi and Blood flow to affected channels to enhance wound healing and reduce scarring Calm Shen Resolve toxins Correct any underlying patterns of imbalance e.g. tonify Spleen Qi Supplement Qi and Liver Blood if required</p> <p>Acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub-acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>
<p>Onward referral</p>	<p>GP</p>

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Open Wound Scalp/Forehead

Read code: S830./S8342	
Number of treatments: 12	Triggers: 16
Key points	Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic Ensure that cervical spine injury has been considered and excluded by a suitably qualified practitioner
Special considerations (WMS and TCM)	Fatal air embolism may occur via apparently trivial wounds involving the great veins of the neck Medical conditions (especially bleeding disorders, diabetes) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury Associated injuries: head injury, loss of consciousness, symptoms of concussion History of immediate treatment Medical history including medication, history of bleeding disorder or anticoagulant use Emotional response to trauma General health, 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 Wound size, depth, location Retained foreign bodies Palpation: check temperature for infection Pain: location, nature, severity Oedema: extent and severity Bruising: colour, extent Sensory changes and facial movements, including eye
WMS differential diagnosis	Underlying skull fracture Deep laceration involving deeper structures Contusion Head injury
WMS complications	Infection Associated head/cervical spine injury Skull or facial fracture Intracranial haemorrhage Dural tear with cerebro-spinal fluid leakage Scarring Damage to nerve or vessels
TCM differential diagnosis	Injury to skin and surrounding tissue following trauma Qi and Blood stasis in local cutaneous area and affected channels, consider: ST, BL, SI, SJ and GB channels and associated fine luo distribution Possible involvement of Eight Extraordinary Vessels

TCM complications	<p>Same as WMS complications above plus: Damage to surrounding structures eg brain, spine, blood vessel Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Excessive bleeding caused by Spleen Qi deficiency</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of wound; reduce pain and swelling</p> <p>TCM goals: Disperse stasis of Qi and Blood in affected region and channels to reduce pain and swelling Restore normal Qi and Blood flow to affected channels to enhance wound healing and reduce scarring Calm Shen Resolve toxins Correct any underlying patterns of imbalance e.g. tonify Spleen Qi Supplement Qi and Liver Blood if required</p> <p>Acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub-acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>
Onward referral	GP

Open Wound Nose/Cheek/ Eyebrow/Lip/Jaw/Mouth

Read code: S832./S8341/S8343/S8344/S8345/S836.	
Number of treatments: 16	Triggers: 20
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)	Medical conditions (especially bleeding disorders, diabetes) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury Associated injuries: head injury, loss of consciousness History of immediate treatment Symptoms of fracture of orbit: diplopia, pain on upward or lateral gaze Symptoms of mandibular/maxillary fracture: pain on biting Medical history including medication Emotional response to trauma General health, tetanus status 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 Wound size, depth, location Injury inside mouth Periorbital injury: visual acuity/eye movements Cheek injury: facial nerve function; parotid duct damage Retained foreign bodies Palpation: check temperature for infection Pain: location, nature, severity Oedema: extent and severity Bruising: colour, extent Tooth injury
WMS differential diagnosis	Underlying skull/facial fracture Deep laceration involving deeper structures Contusion
WMS complications	Nerve, blood vessel, muscle, or eye injury Facial fracture Infection: can be fatal if cavernous sinus thrombosis occurs Facial palsy Scarring of eyelids/tissue loss: epiphora/corneal exposure Salivary fistula Associated head/cervical spine injury
TCM differential diagnosis	Injury to skin and surrounding structures following trauma Qi and Blood stasis in local cutaneous area and affected channels, consider: LI, ST, SI, BL, SJ and GB channels and muscle-tendino (sinew) channels Possible involvement of Eight Extraordinary Vessels

TCM complications	<p>Same as WMS complications above plus: Damage to underlying channel systems Damage to surrounding structures eg nerve, blood vessel, eye, muscle, bone Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Excessive bleeding caused by Spleen Qi deficiency</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of wound; reduce pain and swelling</p> <p>TCM goals: Disperse stasis of Qi and Blood in affected region and channels to reduce pain and swelling Restore normal Qi and Blood flow to affected channels to enhance wound healing and reduce scarring Calm Shen Resolve toxins Correct any underlying patterns of imbalance e.g. tonify Spleen Qi Supplement Qi and Liver Blood if required</p> <p>Acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub-acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>
Onward referral	GP

Open Wound Buttock/ External Genitalia

Read code: S87../S88..

Number of treatments: 12

Triggers: 16

<p>Key points</p>	<p>Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic Anogenital trauma in children and adults may represent sexual abuse/assault Consider trauma to rectum/vagina/urethra/testes even in apparently superficial wounds</p>
<p>Special considerations (WMS and TCM)</p>	<p>Examination should only be performed if necessary, and always with patient consent and a support person for the patient present Do not examine or use local points with children, as repeated examination may be traumatic All urethral injuries should be referred: suspect urethral injury with perineal bruising If assault is involved, ensure that patient has appropriate support from relevant agencies Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants) General health, tetanus status Symptoms of infection</p>
<p>History (WMS and TCM)</p>	<p>Nature of trauma causing injury: fall, direct blow, vehicle accident, sexual assault Location and severity of pain/haematuria/dysuria Oedema Haematoma Blood loss via rectum/vagina/urethra History of immediate management Chronicity Previous injuries to affected site Neurological symptoms: sensory and motor function changes Medical conditions and drug therapy Emotional response to trauma</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 Examination should only be performed if necessary, and always with patient consent and a support person for the patient present Size, depth and location of wound Oedema: extent and severity Bruising: extent, severity, colour Bruising of perineum suggests urethral injury and requires referral Nerve involvement: sensory and motor changes</p>

WMS differential diagnosis	<p>Sciatic nerve injury Abrasion Contusion Fracture Penetrating injury, with internal organ damage</p>
WMS complications	<p>Neurological injury Infection Scarring Injury to rectum/anal canal/genito-urinary system, bowel Psychological/social problems</p>
TCM differential diagnosis	<p>Injury to skin and surrounding structures following trauma Qi and Blood stasis in local cutaneous area and affected channels, consider: ST, SP, BL, KI, GB and LR channels Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus: Damage to underlying channel systems Damage to surrounding structures eg nerve, Genito-urinary tract, bowel Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Excessive bleeding may lead to Blood deficiency Excessive bleeding caused by Spleen Qi deficiency</p>
Treatment rehabilitation	<p>WMS goals: Enhance healing of wound; reduce pain and swelling</p> <p>TCM goals: Disperse stasis of Qi and Blood in affected region and channels to reduce pain and swelling Restore normal Qi and Blood flow to affected channels to enhance wound healing and reduce scarring Calm Shen Resolve toxins Correct any underlying patterns of imbalance e.g. tonify Spleen Qi Supplement Qi and Liver Blood if required</p> <p>Acute phase: 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>GP Counsellor</p>

Amputation at Shoulder/Hand/at Elbow/Foot/Upper Leg/Lower Leg

Read code: S906./S97../S97X./SA6../SA78./SA7X.

Number of treatments: 18–36

Triggers: 24

Key points	<p>Post-operative treatment following limb amputation with or without reattachment</p> <p>Treatment to assist in regaining function of reattached limb/healing of wound/phantom limb syndrome</p>
Special considerations (WMS and TCM)	<p>Loss of function affecting occupational and leisure activities</p> <p>Psychological impact of injury</p>
History (WMS and TCM)	<p>Mechanism of injury</p> <p>Circumstances of injury: work-related, vehicle accident, assault</p> <p>Occupational and leisure activities</p> <p>Hand dominance</p> <p>History of acute management</p> <p>Medical history including medication: immunosuppressants, corticosteroids</p> <p>General health: diabetes, hypertension, symptoms of infection</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>Time since injury</p> <p>Extent of injury: limb involved, level of amputation</p> <p>Reattachment: degree of function recovered</p> <p>Pain: severity, effects on sleep, phantom limb syndrome</p> <p>Associated injuries</p> <p>Signs of infection</p> <p>Range of movement of proximal joints</p> <p>Loss of function</p>
WMS differential diagnosis	
WMS complications	<p>Infection</p> <p>Psychological trauma</p> <p>Blood loss</p>
TCM differential diagnosis	<p>TCM diagnosis is regarded as amputation</p> <p>Qi and Blood stasis in affected channels</p> <p>Tissue damage and associated stagnation of Qi and Blood of the muscle tendino (sinew) channels</p> <p>Phantom limb pain is regarded as a mental disease involving Shen disturbance</p>

TCM complications	<p>Same as WMS complications above plus: Damage to underlying channel systems Damage to surrounding structures eg joint, nerve, blood vessel Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Excessive bleeding may lead to Blood deficiency Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, oedema and bruising as appropriate; enhance healing of wound/function of reattached limb; reduce pain including phantom limb syndrome; prevent adhesion/scarring and secondary postural adaptation/dysfunction</p> <p>TCM goals: Relieve pain by clearing Qi and Blood stasis in the affected region and channels Normalise the Zang fu, channels and collaterals to arrest the phantom limb pain Restore the normal flow of Qi and Blood in the channels to enhance wound healing and reduce scarring and adhesions Calm Shen Resolve toxins Correct any underlying patterns of imbalance e.g. tonify Spleen Qi Supplement Qi and Liver Blood if required</p> <p>Acute phase: 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> <p>Phantom limb pain: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture</p>
Onward referral	<p>GP Occupational therapist Councillor</p>

Abrasion Face

Read code: SDo00	
Number of treatments: 6	Triggers: 8
Key points	Superficial injury or laceration not involving deep structures
Special considerations (WMS and TCM)	Abraded skin is prone to hyperpigmentation – advise sunblock for six months after injury Medical conditions (especially bleeding disorders, diabetes) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury Associated injuries: head injury, loss of consciousness Medical history including medication Symptoms of fracture of orbit: diplopia, pain on upward or lateral gaze Symptoms of mandibular/maxillary fracture: pain on biting Emotional response to trauma Functional limitations General health, 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 Wound size, depth, location Periorbital injuries: visual acuity Oedema: extent and severity Bruising: extent, severity, colour Retained foreign bodies Palpation: check temperature for infection Neurological signs
WMS differential diagnosis	Underlying facial fracture Ocular trauma Deep laceration involving deeper structures Contusion
WMS complications	Excessive bleeding as a result of bleeding disorder or anticoagulant use Nerve involvement Infection Scarring Missed underlying injury
TCM differential diagnosis	Superficial damage to cutaneous region following trauma Qi and Blood stasis in local cutaneous region and affected channels, consider: LI, ST, SI, BL, SJ and GB channels Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: Damage to underlying channel systems and structures Damage to surrounding structures eg bone, eye, muscle 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

<p>Treatment rehabilitation</p>	<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 affected region and channels Restore normal flow of Qi and Blood flow to heal abrasion and reduce scarring Calm Shen Resolve toxins Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub-acute phase: Acupuncture Auricular acupuncture Laser Acupuncture Moxibustion Liniments and herbal plasters*</p>
<p>Onward referral</p>	<p>GP</p>

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Contusion Head/Neck

Read code: SEo..	
Number of treatments: 8	Triggers: 10
Key points	Children and elderly especially vulnerable to head injury with a contusion
Special considerations (WMS and TCM)	Refer nasal and aural injuries to exclude possibility of haematoma May require counselling, particularly if assault is involved Cervical instability Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury: fall, direct blow (including assault), vehicle accident Location and severity of pain History of immediate management Chronicity Previous injuries to affected site Functional restrictions Medical conditions and drug therapy Emotional response to trauma Post-concussion syndrome 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 Oedema: extent and severity Bruising: extent, severity, colour Consider associated injuries Palpation: check temperature for infection Nerve involvement: sensory and motor changes Cervical assessment Temporomandibular joint assessment Effects on vision
WMS differential diagnosis	Fracture Abrasion Dental injury Head injury Spinal injury
WMS complications	Risk of avascular/septic necrosis of nasal or aural cartilage Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Neurological injury Infection Chronic pain Psychological/social problems
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 affected channels, consider: LI, ST, SI, BL, SJ or GB channels Possible involvement of Eight Extraordinary Vessels

TCM complications	<p>Same as WMS complications above plus: Damage to underlying channel systems Damage to surrounding structures eg bone, nerve, joint, ear, nose 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</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 Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Counsellor Dentist Occupational therapist</p>

Contusion Genital Organs

Read code: SE24.	
Number of treatments: 8	Triggers: 10
Key points	
Special considerations (WMS and TCM)	<p>Examination should only be performed if necessary, and always with patient consent and a support person for the patient present</p> <p>Do not examine or use local points with children, as repeated examination may be traumatic</p> <p>All urethral injuries should be referred: suspect urethral injury with perineal bruising</p> <p>If assault is involved, ensure that patient has appropriate support from relevant agencies</p> <p>Medical conditions (especially bleeding disorders)</p> <p>Drug therapy (e.g. anticoagulants)</p>
History (WMS and TCM)	<p>Nature of trauma causing injury: fall, direct blow, vehicle accident, sexual assault</p> <p>Location and severity of pain</p> <p>Oedema</p> <p>Haematoma</p> <p>Haematuria, dysuria</p> <p>History of immediate management</p> <p>Chronicity</p> <p>Previous injuries to affected site</p> <p>Neurological symptoms: sensory and motor function changes</p> <p>Medical conditions and drug therapy</p> <p>Emotional response to trauma</p> <p>Psychological screen</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>Examination should only be performed if necessary, and always with patient consent and a support person for the patient present</p> <p>Oedema: extent and severity</p> <p>Bruising: extent, severity, colour</p> <p>Bruising of perineum suggests urethral injury and requires referral</p> <p>Integrity of skin</p> <p>Stability of pubic symphysis</p> <p>Consider associated injuries</p> <p>Nerve involvement: sensory and motor changes</p>
WMS differential diagnosis	<p>Fracture</p> <p>Abrasion</p> <p>Lumbar spine injury</p> <p>Hip joint injury</p> <p>Contusion of lower limb</p> <p>Sacro-iliac joint injury</p>

WMS complications	Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Neurological signs Infection Suspected fracture Chronic pain Psychological disorder Damage to internal genital structures, urethra, perineum
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 affected channels, consider: ST, SP, BL, KI, or LR channels Possible involvement of Eight Extraordinary Vessels Blood or Shen disorder
TCM complications	Same as WMS complications above plus Damage to underlying channel systems Damage to surrounding structures eg nerve, bone, joint 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: 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 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 Counsellor Occupational therapist

Burns Head/Neck

Read code: SH1..

Number of treatments: 20

Triggers: 24

<p>Key points</p>	<p>Acupuncture is not an appropriate frontline treatment for burns. Ensure that the patient has been assessed by a medical practitioner. Patients with possible inhalation injury should be transferred to hospital urgently Management depends on extent and depth of burn (superficial or deep) 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 Oral and perioral burns are the most common electrical injury in children, from chewing on a live cable: apparently trivial burns may later cause severe haemorrhage from the labial artery</p>
<p>Special considerations (WMS and TCM)</p>	<p>May require long-term management (up to a year) depending on severity General health Emotional response to injury Exposed tendon/bone Graft donor site Severe burns may be associated with fluid loss and secondary organ damage</p>
<p>History (WMS and TCM)</p>	<p>Cause of burn: flame, scald, chemical, electrical, etc Risk of inhalation injury Time and duration of exposure History of immediate management Depth of burn Pain level: check pain management is adequate Surgical intervention Length of hospital stay Previous medical history: asthma, respiratory disease, diabetes, compromised immune system Functional limitations Emotional response to trauma</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 Pain Location of burn Stage of healing Scarring, contractures/deformities Condition of skin graft donor site Oedema Range of movement: facial muscles, neck Loss of function Differentiate affected structure limiting range of movement: skin, scarring, ligament, muscle, tendon</p>
<p>WMS differential diagnosis</p>	<p>Underlying conditions before trauma</p>

WMS complications	<p>Airway compromise Perioral electrical burns: delayed haemorrhage, scarring, impaired jaw growth, abnormal speech development Wound infection Graft failure Contractures and deformities Scarring Chronic pain Psychological/social problems Reduced 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: LI, ST, SI, BL, SJ and GB channels In severe cases consider concurrent Yin fluid damage and 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 complications above plus: Damage to underlying channel systems Damage to surrounding structures e.g. muscle, facial tissues, bone Potential febrile Bi syndrome Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Shen disturbance Damage to Yin (fluids) and Jin-Ye (body 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, enhance wound healing, and reduce scarring and adhesions Correct any underlying patterns of imbalance Calm Shen Nourish Yin fluids</p> <p>Acute phase: Acupuncture Auricular acupuncture Laser Acupuncture Ion-pumping cords*</p> <p>Sub-acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Tui na</p>
Onward referral	<p>GP Physiotherapist Occupational therapist Councillor</p>

Toxic Reaction Bee Sting

Read code: TE532	
Number of treatments: 10	Triggers: 22
Key points	Treatment is usually only required if complications involving soft tissues occur, such as impaired circulation in distal extremity from secondary oedema
Special considerations (WMS and TCM)	Confirm identification of stinging insect Medical history: anaphylaxis, allergies Site of sting(s)
History (WMS and TCM)	Number of stings Sites involved Most recent previous bee stings and reaction Previous anaphylaxis Current medications and allergies Symptoms after sting: itching, sneezing, tongue swelling, shortness of breath Extent of tissue damage
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 Sites of stings for erythema and swelling Skin rash Distal circulation Oedema: extent and severity Range of movement of affected joints: active, passive, resisted
WMS differential diagnosis	Urticaria/hives Other invertebrate bite: wasp, spider, ant Localised infection/cellulitis Sprain Neural involvement Tendinopathy Compartment syndrome
WMS complications	Local erythema/infection/cellulitis Impaired circulation in distal extremity from secondary oedema Corneal ulceration (from corneal sting) Retained sting, granuloma, skin necrosis Serum sickness-like illness at 10-21 days Rarely: encephalitis, neuritis, vasculitis, nephrosis, coagulopathy, renal failure Anaphylaxis

TCM differential diagnosis	<p>Local injury to skin and subcutaneous tissues Local Qi and Blood stasis at site of sting in cutaneous area, affected channels and associated fine luo distribution Tissue damage to appropriate six divisional cutaneous regions where wound is located and associated fine luo distribution Systemic reactions: Differentiate according to TCM principles and presenting symptoms, signs and history</p>
TCM complications	<p>Same as WMS complications above plus: Damage to soft tissues and surrounding structures e.g. nerve, blood vessel Qi block secondary to anaphylaxis or allergy Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Shen disturbance Qi and Blood stasis</p>
Treatment rehabilitation	<p>WMS goals: Reduce pain, erythema 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 Resolve toxins Calm Shen</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Auricular acupuncture Laser Acupuncture</p>
Onward referral	GP

Bite (dog)

Read code: TE60.	
Number of treatments: 8	Triggers: 12
Key points	<p>Bites must be referred for initial assessment and management by a medical practitioner/nurse</p> <p>Critical treatment strategy is thorough wound cleansing by a medical practitioner/nurse</p> <p>Close follow-up at 24-48 hours advisable by medical practitioner/nurse.</p> <p>Check tetanus status</p> <p>Management depends on location, depth and tissues involved</p>
Special considerations (WMS and TCM)	<p>Infection risk is 5-20%</p> <p>Thorough wound cleansing is critical</p> <p>Usually slow-healing</p> <p>Puncture wounds more liable to become infected than lacerations</p> <p>Hand, wrist, or foot injuries may cause loss of function</p>
History (WMS and TCM)	<p>Possibility of exposure to rabies (if bite occurred overseas)</p> <p>Time elapsed since injury</p> <p>History of immediate management: cleaning of wounds, antibiotics</p> <p>Location of injuries</p> <p>Depth of bite</p> <p>Blood loss</p> <p>Tissues affected</p> <p>General health: medications, symptoms of infection</p> <p>Tetanus status</p> <p>Emotional response to injury</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>Location and number of affected sites</p> <p>Nature of wounds: depth, tissues affected, tissue loss, risk of infection</p> <p>Signs of infection: erythema, heat</p> <p>Range of movement of affected joints, risk of joint penetration</p> <p>Circulation distal to wounds</p> <p>Nerve involvement</p> <p>Cellulitis/systemic infection</p>
WMS differential diagnosis	<p>Consider other causes of wounds, including self-harm</p> <p>Cellulitis</p> <p>Skin conditions</p>
WMS complications	<p>Infection</p> <p>Injury of nerve, bone, blood vessels, tendon, joint</p> <p>Septic arthritis</p> <p>Circulatory problems</p>
TCM differential diagnosis	<p>Injury to skin and surrounding structures following trauma</p> <p>Qi and Blood stasis at site of bite in local cutaneous region and affected channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>

<p>TCM complications</p>	<p>Same as WMS complications above plus: Damage to underlying channel systems depending on the depth of the injury Damage to surrounding structures eg subcutaneous tissue, muscle, nerve, blood vessel, bone Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Excessive bleeding may lead to Blood deficiency Excessive bleeding caused by Spleen Qi deficiency Shen disturbance</p>
<p>Treatment rehabilitation</p>	<p>WMS goals: Reduce pain, erythema and swelling; enhance healing of injured area; treat according to signs and symptoms</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, enhance wound healing and reduce scarring and adhesions Correct any underlying patterns of imbalance Resolve toxins Calm Shen</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>
<p>Onward referral</p>	<p>GP</p>

Bite (human)

Read code: U120.	
Number of treatments: 6	Triggers: 10
Key points	<p>Bites must be referred for initial assessment and management by a medical practitioner/nurse.</p> <p>Critical treatment strategy is thorough wound cleansing by a medical practitioner/nurse</p> <p>Close follow-up at 24-48 hours advisable by medical practitioner/nurse.</p> <p>Check tetanus status</p> <p>Management depends on location, depth and tissues involved</p>
Special considerations (WMS and TCM)	<p>Infection risk is 5-20%</p> <p>Risk of tendon infection and septic arthritis with injury to metacarpophalangeal joints (punch to mouth) – requires referral</p> <p>Risk of scalp infection in children (bite to head)</p> <p>Risk of deep tendon infection with bites to finger</p> <p>Thorough wound cleansing is critical</p>
History (WMS and TCM)	<p>Circumstances of injury: fight, assault</p> <p>Time elapsed since injury</p> <p>History of immediate management: cleaning of wounds, antibiotics</p> <p>Location of injuries</p> <p>Depth of bite</p> <p>Blood loss</p> <p>Tissues affected</p> <p>General health, medications, symptoms of infection</p> <p>Tetanus status</p> <p>Emotional response to injury</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>Location and number of affected sites</p> <p>Nature of wounds: depth, tissues affected, tissue loss, risk of infection</p> <p>Signs of infection: erythema, heat/systemic infection</p> <p>Range of movement of affected joints</p> <p>Circulation distal to wounds</p> <p>Nerve involvement</p>
WMS differential diagnosis	<p>Consider other causes of wounds, including self-harm</p> <p>Cellulitis</p> <p>Skin conditions</p> <p>Fracture</p>
WMS complications	<p>Infection</p> <p>Injury of nerve, bone, blood vessels, tendon, joint</p> <p>Septic arthritis</p> <p>Circulatory problems</p>
TCM differential diagnosis	<p>Injury to skin and surrounding structures following trauma</p> <p>Qi and Blood stasis at site of bite in local cutaneous region and affected channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p>

<p>TCM complications</p>	<p>Same as WMS complications above plus: Damage to underlying channel systems depending on the depth of the injury Damage to surrounding structures eg subcutaneous tissue, muscle, nerve, blood vessel, bone Invasion by external pathogenic Xie Qi (Evil Qi) Heat Toxin and or Damp Toxin Excessive bleeding may lead to Blood deficiency Excessive bleeding caused by Spleen Qi deficiency Shen disturbance</p>
<p>Treatment rehabilitation</p>	<p>WMS goals: Reduce pain, erythema and swelling; enhance healing of injured area; treat according to presenting signs and symptoms</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, enhance wound healing and reduce scarring and adhesions Correct any underlying patterns of imbalance Resolve toxins Calm Shen</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>Onward referral</p>	<p>GP</p>



Shoulder

Rotator Cuff Syndrome

Read code: N211.

Number of treatments: 12–16

Triggers: 18

<p>Key points</p>	<p>The rotator cuff is formed by the tendons of the supraspinatus, infraspinatus, teres minor and subscapularis muscles as they insert onto the head of the humerus Rotator cuff disorders frequently involve degenerative changes in tendinous tissue before the onset of symptoms Micro trauma to tendons results in reduced circulation, formation of scar tissue, and deposition of calcium salts Pain initially presents as a dull ache in the deltoid region, frequently after strenuous exercise Pain from tendon inflammation may become persistent and nocturnal The patient may present with a long history of pain with associated tendon degeneration or rupture Rotator cuff syndrome is associated with a painful arc on abduction between 60 to 120 degrees, caused by osteophytes, inflamed sub-acromial bursa, inflamed/swollen rotator cuff, excessive elevation of the humeral head, anatomical variation such as hooked acromion Tendon degeneration from gradual onset damage is age related Includes rotator cuff tendinoplasty</p>
<p>Special considerations (WMS and TCM)</p>	<p>Cervical spine referral and involvement Patients who have had cuff corticosteroid injections are more likely to develop tears Shape of acromion Patients aged 35-50 years Failure of conservative treatment may require surgical intervention</p>
<p>History (WMS and TCM)</p>	<p>Age Occupational and leisure activities Mechanism of injury Repetitive or strenuous overhead work or sporting activity Fall onto outstretched arm Previous history of injuries Previous treatment, management, investigations, outcomes Area of symptoms Referred pain to neck or deltoid insertion Nature and severity of pain Night pain Aggravating and relieving factors including postural Functional limitations General health past and present Osteoarthritis of glenohumeral or acromio-clavicular joints Special questions: steroids, anticoagulants, diabetes, rheumatoid arthritis</p>

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 inspection: compare with other shoulder Painful arc on abduction, 60-120 degrees Range of movement: active, passive and resisted Palpation: sensation changes, skin temperature, tenderness on tendon insertions, cervical spine, ah shi points Subscapularis lift-off test Muscle strength and wasting Neurovascular function Instability Crepitus Swelling Structural information from X-rays
WMS differential diagnosis	Muscle tear/rupture Subscapularis or biceps tendon rupture Sterno-clavicular joint Acromio-clavicular joint Adhesive capsulitis (frozen shoulder) Bursitis Subluxation Calcific tendonitis Instability Avascular necrosis of humeral head Cervical/thoracic spine Medical condition: cancer, cardiac condition, glenohumeral arthritis Neurological disease/involvement
WMS complications	Fracture/dislocation/avulsion Subscapularis or biceps tendon rupture Inflammatory diseases, including bursitis Calcification Frozen shoulder
TCM differential diagnosis	Injury to tendon following trauma, overuse or misuse Qi and Blood stasis in local area and affected channels, consider: LU, LI, SI, SJ or GB 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	Same as WMS complications above plus: Damage to surrounding and underlying structures e.g. shoulder joint, nerve, muscle 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>	<p>WMS goals: Decrease pain, inflammation and oedema as required; maintain and restore range of motion</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>
<p>Onward referral</p>	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist</p>

Tendonitis Upper Limb

Read code: N21Z2	
Number of treatments: 11	Triggers: 15
Key points	This profile describes bicipital tendonitis (tenosynovitis of the long head of biceps brachii) Painful arc on abduction may confuse diagnosis with rotator cuff lesion Considered as an overuse injury
Special considerations (WMS and TCM)	Age – usually young to middle-aged adults Tendonitis may be secondary to poor shoulder/scapula function Occupational and leisure activities
History (WMS and TCM)	Mechanism of injury: usually follows chronic repetitive strain, e.g. home-decorating, tennis, freestyle swimming, etc. Dominant/non-dominant side Previous history of injuries Previous treatment, management, investigations, outcomes Area of symptoms: pain on front of shoulder, radiating to just below elbow Nature and severity of pain: dull pain, sharp with certain movements Effects on sleep Aggravating and relieving factors: worse after activity, better for rest Functional limitations General health past and present
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 on resisted elbow flexion Pain on resisted supination Painful arc on abduction if intrascapular part of tendon is involved Possible tenderness along course of tendon in bicipital groove, worse with external rotation Pain on active external rotation Neurological signs and symptoms
WMS differential diagnosis	Rotator cuff syndrome Rupture of tendon Referred cervical pain Peripheral nerve conditions
WMS complications	Rupture of tendon Subluxation of tendon out of bicipital groove
TCM differential diagnosis	Injury to tendon following trauma, overuse or misuse Qi and Blood stasis in local area and affected channels, consider: LU, LI or PC channels and LU and PC muscle 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: Damage to underlying channel systems and structures 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 required; clear obstruction if required; maintain and 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 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>

Fracture Clavicle (closed non-displaced)

Read code: S20..	
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>Clavicular fractures are common injuries</p> <p>Nearly 50% of all clavicular fractures occur before 7 years of age as greenstick fractures</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>Displaced clavicle fragments can injure nearby structures, e.g. blood vessels, lung, brachial plexus</p> <p>Immobilisation and support of arm is essential for patient comfort</p> <p>Impaction/displacement/comminuted</p>
History (WMS and TCM)	<p>Fall onto side or outstretched hand</p> <p>Direct blow to shoulder</p> <p>Fall onto point of shoulder</p> <p>Occupation/sport</p> <p>Osteoporosis</p> <p>Malignancy</p> <p>Circulation</p> <p>Sensory or motor change</p> <p>General health</p> <p>Respiratory symptoms, cough, sputum, pain</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>Visual examination for asymmetry</p> <p>Difficulty breathing could indicate pneumothorax</p> <p>Palpation: tenderness local to fracture</p> <p>Swelling</p> <p>Crepitus</p> <p>Oedema</p> <p>Deformity</p> <p>Bruising</p> <p>Circulation, sensory, or motor problems of arm and hand</p>
WMS differential diagnosis	<p>Acromio-clavicular or sterno-clavicular joint injury</p> <p>Cervical spine injury</p> <p>Rib fractures</p> <p>Dislocation of shoulder joint</p> <p>Rotator cuff injury</p> <p>Pneumothorax</p>

WMS complications	<p>Delayed union/non-union of fracture Neurovascular injury Injury to lung Deformity</p>
TCM differential diagnosis	<p>Damage to bone following trauma Qi and/or Blood stasis in the affected channels, consider: LU, LI, KI or ST channels Possible involvement of Eight Extraordinary Vessels Qi block due to severe fright</p>
TCM complications	<p>Same as WMS complications above plus: Damage to underlying structures eg nerve, tendon, blood vessel 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 Moxibustion Cupping</p> <p>Sub acute: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters*</p>
Onward referral	<p>Accident and emergency clinic GP Occupational therapist Physiotherapist</p>

Fracture Humerus (closed proximal)

Read code: S226.

Number of treatments: 8

Triggers: 14

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>In children greenstick fracture of the surgical neck is the most common type</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>Elderly patients more prone to fracture due to osteoporosis</p> <p>Non-displaced fractures require support, then mobilisation after 1-2 weeks</p> <p>Radial nerve damage is relatively common</p> <p>Impaction/displacement/conminuted</p> <p>Risk of pathological fracture with history of metastatic bone cancer, Paget's disease, osteoporosis, bone cyst</p>
History (WMS and TCM)	<p>Mechanism of fracture</p> <p>Direct blow, e.g. motor vehicle accident, contact sport</p> <p>Fall onto outstretched abducted arm</p> <p>Axial loading through elbow</p> <p>Risk factors for pathological fracture</p> <p>Pain</p> <p>Oedema</p> <p>Decreased range of movement</p> <p>General health, medications</p> <p>Sensory or motor changes to the hand</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</p> <p>Bruising/swelling</p> <p>Position of arm/elbow/shoulder/hand</p> <p>Range of shoulder movement, active and passive</p> <p>Cervical spine involvement</p> <p>Acromio-clavicular or sterno-clavicular joint injury</p> <p>Wrist/elbow/hand joint injury</p> <p>Circulatory, sensory, or motor problems</p>
WMS differential diagnosis	<p>Dislocation of shoulder</p> <p>Fractured clavicle, elbow, scapula</p> <p>Acromio-clavicular joint dislocation</p> <p>Rotator cuff injury</p> <p>Cervical spine involvement, with or without neural symptoms</p>
WMS complications	<p>Non-union or malunion of fracture</p> <p>Unstable fracture</p> <p>Nerve injury: ulnar, radial, axillary; brachial plexus</p> <p>Avascular necrosis</p> <p>Joint stiffness, especially in the elderly</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 Qi block due to severe fright</p>
TCM complications	<p>Same as WMS complications above plus: Damage to underlying 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; immobilise to 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</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 GP Physiotherapist</p>

Dislocation/Subluxation Shoulder

Read code: S41..	
Number of treatments: 10	Triggers: 14
Key points	Anterior dislocations account for 95% of shoulder dislocations
Special considerations (WMS and TCM)	<p>Reduction of dislocations should only be undertaken by a suitably qualified, experienced practitioner</p> <p>The first dislocation is usually far more painful than subsequent dislocation of the same shoulder</p> <p>Recurrence rate is high, especially in patients under 20 years</p> <p>Often involves anterior dislocation of the glenohumeral joint</p> <p>Children are more likely to fracture the proximal humerus</p> <p>Patients over 40 years have a high incidence of complete rupture of the supraspinatus tendon</p> <p>Level of activity/sport/work demands</p>
History (WMS and TCM)	<p>Mechanism of injury: significant trauma unless recurrent</p> <p>Anterior dislocation: abduction, external rotation, extension; fall onto outstretched hand</p> <p>Posterior dislocation: severe internal rotation and adduction; fall onto outstretched arm; direct blow</p> <p>Inferior dislocation: hyperabduction of arm</p> <p>Time period between dislocation and relocation</p> <p>Previous shoulder injuries, treatments, outcomes</p> <p>Severity and nature of pain</p> <p>Functional limitations, daily activities</p> <p>Weakness and sensory change</p> <p>Family history</p> <p>Dominant or non-dominant limb</p> <p>General health past and present</p> <p>Special questions: steroids, anticoagulants, X-ray, neurology, drugs, 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>Observation: swelling, skin condition, muscle-wasting, posture</p> <p>Range of movement of shoulder, elbow and wrist, active and passive</p> <p>Palpation: sensation changes, skin temperature, swelling, pain</p> <p>Acromio-clavicular joint involvement</p> <p>Check for underlying tendonitis</p> <p>Cervical spine involvement</p> <p>Circulatory, sensory, or motor problems</p>
WMS differential diagnosis	<p>Fracture of humerus</p> <p>Rotator cuff tear</p> <p>Acromio-clavicular joint injury</p> <p>Shallow joint structure</p>

WMS complications	<p>Nerve involvement/brachial plexus lesion Recurrence Rotator cuff tear Associated fractures, e.g. greater tuberosity Vascular injury, especially axillary artery</p>
TCM differential diagnosis	<p>Dislocation is the diagnostic term used in TCM Trauma leading to Qi and Blood stasis in the affected channels, consider: LU, LI, SI, GB or SJ channels and BL muscle channel</p>
TCM complications	<p>Same as WMS complications above plus: Damage to surrounding structures eg joint, tendon, nerve, ligament 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; assist healing; strengthen muscles; increase range of movement; treat underlying contributing factors</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</p> <p>Sub acute: Acupuncture Electro-acupuncture Auricular Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Physiotherapist Occupational therapist</p>

Sprain Upper Arm/Shoulder

Read code: S50..	
Number of treatments: 8	Triggers: 12
Key points	This Read code may include: Sub-acromial bursitis Strains of long head of biceps, deltoid, triceps, coracobrachialis Capsulitis
Special considerations (WMS and TCM)	Brachial plexus or cervical nerve involvement
History (WMS and TCM)	Mechanism of injury may be variable, but can include: Repetitive overhead work or sporting activity (throwing) Fall onto outstretched arm Sudden forceful movement such as overstretching Direct blow Previous history of injuries Previous treatment, management, investigations, outcomes Area of symptoms Nature and severity of pain Night pain Aggravating and relieving factors Functional limitations Occupational history General health past and present History of sensory or motor changes 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 Visual inspection: compare both shoulders for deformity/swelling Range of movement: active, passive and resisted Palpation: tenderness skin temperature changes. Instability Neurovascular status Cervical spine involvement
WMS differential diagnosis	Fracture Contusion Referred pain from cervical spine Peripheral nerve condition
WMS complications	Restricted shoulder movement Chronic pain and inflammation/tendonitis Instability
TCM differential diagnosis	Tissue damage and injury to muscle, tendons and ligaments Qi and Blood stasis in the affected channels, consider: LU, LI, HT, SI, SJ, GB 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	<p>Same as WMS complications above plus: Damage to surrounding structures e.g. nerve, bone 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 Acromio-Clavicular Ligament

Read code: S500.	
Number of treatments: 10	Triggers: 12
Key points	Elderly patients are more likely to suffer fracture than sprain Children under 12 years rarely sprain ligaments
Special considerations (WMS and TCM)	Early mobilisation is recommended Elderly patients are more prone to stiffening of joint, e.g. frozen shoulder Elderly patients are more likely to rupture tendons
History (WMS and TCM)	Direct impact Fall onto outstretched arm Fall onto point of shoulder Level of activity/sport/work demands Heavy labour such as carrying heavy loads Repetitive action Previous shoulder dislocation Fracture to surrounding area Previous history of injuries Previous treatment, management, investigations, outcomes Nature and severity of pain Aggravating and relieving factors Functional limitations General health past and present Sensory and motor changes of arm 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 Visual inspection: compare with uninjured side for deformity Swelling, bruising, abrasion (possibility of infection) Range of movement of shoulder and neck Pain over distal end of clavicle, worse for passive elevation of shoulder Palpation: extreme tenderness over acromio-clavicular joint, skin temperature changes Step or instability in acromio-clavicular joint Increased pain with weight bearing and horizontal adduction Weakness or sensory change Cervical spine involvement
WMS differential diagnosis	Shoulder dislocation Rotator cuff sprain Fracture clavicle or humerus Muscle sprain: supraspinatus Bursitis Contusion Cervical spine injury

WMS complications	<p>Severe sprain can also affect conoid and trapezoid ligaments (between clavicle and coracoid process), causing tenderness above coracoid process</p> <p>Non-healing/non-union Unstable joint Delayed rupture of major sprains Tendonitis in partial tear Frozen shoulder in elderly Damage to underlying structures (neurovascular, tendon, lung)</p>
TCM differential diagnosis	<p>Tissue damage or injury to joint, tendons and ligaments</p> <p>Qi and Blood stasis in the affected channels, consider: LU, LI, SI, SJ or GB channels and muscle-tendino (sinew) channels</p> <p>Liver Blood deficiency failing to nourish tendons and ligaments</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 muscle, joint, tendon, ligament</p> <p>Delayed healing due to underlying patterns of imbalance e.g. Qi deficiency, Liver Blood deficiency</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: 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</p>

Sprain Infraspinatus Tendon

Read code: S503.	
Number of treatments: 12	Triggers: 16
Key points	Elderly patients are more likely to fracture and to develop joint stiffening Less common than supraspinatus injury May be an extension of supraspinatus injury
Special considerations (WMS and TCM)	If a sling is being used check that neck range of movement is not impaired Adhesive capsulitis (frozen shoulder)
History (WMS and TCM)	Acute onset: recent sprain or trauma Chronic onset: possible overuse or poor technique such as lifting, throwing Previous history of injuries Previous treatment, management, investigations, outcomes Area of symptoms Nature and severity of pain Night pain Aggravating and relieving factors Functional limitations Occupational history General health past and present Sensory or motor changes
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 possibility of fracture Pain on resisted external rotation Localised tenderness over tendon (posterior aspect of shoulder joint) Pain over deltoid area and sometimes front of shoulder Skin temperature changes Cervical or thoracic spine involvement Range of shoulder movement: active, passive and resisted Neurological signs
WMS differential diagnosis	Capsulitis Bursitis Acromio-clavicular joint strain Rupture of long head of biceps Rupture of supraspinatus tendon Cervical or thoracic spine involvement Instability Fracture Subluxation/dislocation Calcific tendonitis

WMS complications	<p>Tendon rupture Chronic recurrent injury Tendonitis Loss of function Instability</p>
TCM differential diagnosis	<p>Tissue damage or injury to tendons Qi and Blood stasis in the affected channels, consider: LI, SI 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: Damage to surrounding structures e.g. spine, nerve, ligament 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 Auricular Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist</p>

Sprain Rotator Cuff

Read code: S504.

Number of treatments: 10

Triggers: 16

<p>Key points</p>	<p>Red flag: inability to push a hand away from lumbar region indicates a major tear of the rotator cuff Elderly patients are more likely to fracture and to develop joint stiffening Patients over 40 years with significant shoulder injury are more likely to have a rotator cuff tear Patients over 40 years with a dislocated shoulder have a 50% likelihood of rotator cuff tear See 'Key points' for rotator cuff syndrome</p>
<p>Special considerations (WMS and TCM)</p>	<p>Significant rotator cuff tears do not heal well due to poor blood supply and require surgical repair ideally within three weeks – refer early to a specialist Inability to perform active external rotation can indicate significant rotator cuff tear Early mobilisation, rest and ice speed recovery Chronic underlying degenerative conditions Inflammatory arthritis such as rheumatoid Steroid therapy</p>
<p>History (WMS and TCM)</p>	<p>Onset: sudden or insidious Mechanism of injury: direct blow, throwing injury, fall Previous history of injuries Previous treatment, management, investigations, outcomes Area of symptoms Nature and severity of pain Night pain Aggravating and relieving factors Functional limitations Occupational and leisure activities General health past and present Neurological symptoms, sensory or motor changes</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 Compare with other side for deformity/swelling Consider possibility of fracture Range of movement: active, passive and resisted Abduction; internal and external rotation Painful arc indicates impingement (a negative test does not exclude rotator cuff sprain) Involvement of cervical or thoracic spine, scapula, elbow, acromio-clavicular joint Circulatory, sensory or motor problems Palpation: skin temperature changes</p>

WMS differential diagnosis	<p>Other joints: cervical, thoracic, acromio-clavicular Nerve entrapment Calcific tendonitis Ruptured biceps tendon Impingement Subluxation/dislocation Subacromial bursitis Fracture Infection Pathology: inflammatory arthritis, herpes zoster, cancer</p>
WMS complications	<p>Avulsion Complete tear Calcification Subacromial bursitis Instability Impingement Chronic pain and inflammation/tendonitis</p>
TCM differential diagnosis	<p>Tissue damage or injury to tendons and ligaments Qi and Blood stasis in the affected channels, consider: LU, LI, SI, SJ or GB 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: Damage to surrounding structures e.g. cuff tear, bone, blood vessel 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, muscle thickening, 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 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
Chiropractor
Osteopath

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Sprain Shoulder Joint

Read code: S507.	
Number of treatments: 10	Triggers: 12
Key points	Comprises ligamentous or capsular injury to the glenohumeral joint Red flag: inability to push a hand away from lumbar region indicates a major tear of the rotator cuff Elderly patients are more likely to fracture and to develop joint stiffening
Special considerations (WMS and TCM)	Occupational and leisure activities
History (WMS and TCM)	Mechanism of injury Fall Trauma Twisting injury Sporting injury Previous history of injuries Previous treatment, management, investigations, outcomes Area of symptoms Nature and severity of pain Pain in shoulder joint Aggravating and relieving factors Functional limitations General health past and present Neurological symptoms, sensory or motor changes
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 inspection, swelling, obvious deformity if dislocated Consider possibility of fracture Range of movement: active, passive and resisted Reduced passive ranges of movement with pain at end point Abduction and external rotation especially restricted Involvement of cervical or thoracic spine, scapular function Circulatory, sensory or motor problems Palpation: skin temperature changes Tenderness
WMS differential diagnosis	Tendonitis/bursitis Fracture Labral tear Acromio-clavicular or sterno-clavicular joint Cervical and thoracic spine Biceps or supraspinatus tendonitis

WMS complications	<p>Adhesive capsulitis/frozen shoulder Shoulder joint instability Disuse atrophy Neurological complications Traumatic arthritis Recurrent or chronic injury Tendonitis</p>
TCM differential diagnosis	<p>Ligamentous or capsular injury to the glenohumeral joint Qi and Blood stasis in the affected channels, consider: LU, LI, SI, SJ or GB 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: Damage to surrounding structures e.g. bone, nerve, tendon 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 Cupping 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</p>

Rupture of Supraspinatus

Read code: S5Q2.	
Number of treatments: 12	Triggers: 16
Key points	Often misdiagnosed as rotator cuff strain
Special considerations (WMS and TCM)	Occasionally caused by inappropriate use of steroids Functional impairment is variable Severe functional impairment may require surgery
History (WMS and TCM)	Mechanism of injury: trauma or repetitive strain (lifting weights) Corticosteroid injection Steroid abuse Dominant/non-dominant side Previous history of injuries Previous treatment, management, investigations, outcomes Area of symptoms Nature and severity of pain Effects on sleep Aggravating and relieving factors Functional limitations Occupational and leisure activities General health past and present Special questions: anticoagulants, diabetes, rheumatoid arthritis Neurological symptoms, sensory or motor changes
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: deformity, swelling, bruising, skin condition, muscle wasting, posture Possibility of ligament injury Range of movement: active, passive and resisted: shoulder, elbow, wrist Involvement of cervical spine Palpation: skin temperature changes Neurological symptoms, sensory or motor changes
WMS differential diagnosis	Shoulder sprain Rotator cuff strain/tear Fractured humerus Pectoralis major strain/tear Subluxation/dislocation Glenoid labrum tear Acromio-clavicular joint injury Cervical and thoracic spine Medical condition: cardiac, cancer Calcification Abdominal referral
WMS complications	Loss of function/strength Deformity Instability

TCM differential diagnosis	Tissue damage or injury to tendons and ligaments following trauma, overuse or misuse Qi and Blood stasis in the affected channels, consider: LI, SI or SJ 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: Damage to surrounding structures e.g. joint, bone, nerve 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, 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 Moxibustion 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

Rupture of Biceps Tendon

Read code: S5Q4.	
Number of treatments: 12	Triggers: 16
Key points	Often misdiagnosed as rotator cuff strain
Special considerations (WMS and TCM)	Occasionally caused by inappropriate use of steroids Functional impairment is variable Distal rupture requires early referral to specialist
History (WMS and TCM)	Mechanism of injury: Acute: sudden loading of biceps Sub acute: gradual onset (repeated loading); possibly loss of power; possibly acute pain in anterior shoulder/upper arm Corticosteroid injection Steroid abuse Dominant/non-dominant side Occupational and leisure activities Neurological symptoms, sensory and motor changes
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: deformity, swelling, bruising, skin condition, muscle wasting, posture Moved muscle belly accentuated by contraction, may be painless Tenderness at bicipital groove Range of motion Loss of power of elbow flexion/forearm supination
WMS differential diagnosis	Shoulder sprain Rotator cuff strain/tear Fractured humerus Pectoralis major strain/tear Subluxation/dislocation/fracture of shoulder Cervical and thoracic spine Medical condition: cardiac, cancer
WMS complications	Deformity Loss of function/strength Instability
TCM differential diagnosis	Tissue damage and injury to tendons following trauma, overuse and misuse Qi and Blood stasis in the affected channels, consider: LU, HT 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	<p>Same as WMS complications above plus: Damage to surrounding structures e.g. joint, bone, nerve 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; limit 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 Liniments and herbal plasters*</p> <p>Sub-Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Moxibustion Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist</p>

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Open Wound Shoulder/Upper Limb

Read code: S90..	
Number of treatments: 16	Triggers: 20
Key points	<p>Open wounds would be treated only after initial assessment and treatment by a Medical Practitioner/Nurse/Accident and Emergency clinic</p> <p>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</p> <p>Normal distal pulses, skin colour and capillary return do not exclude compartment syndrome</p>
Special considerations (WMS and TCM)	<p>Continue to assess distal neurovascular and musculotendinous function</p> <p>Medical conditions (especially bleeding disorders, diabetes)</p> <p>Drug therapy (e.g. anticoagulants)</p>
History (WMS and TCM)	<p>Nature of trauma causing injury</p> <p>Circumstances of injury: work-related, assault, self-inflicted</p> <p>Dominant/non-dominant side</p> <p>Compartment syndrome symptoms</p> <p>Medical history including medication</p> <p>Emotional response to trauma</p> <p>Functional limitations</p> <p>General health, tetanus status</p> <p>Neurological 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>Deformity</p> <p>Wound size, depth, location</p> <p>Retained foreign bodies</p> <p>Joint involvement</p> <p>Compartment syndrome signs: pain on passive stretching or active flexion of affected muscles; distal sensory abnormalities</p> <p>Oedema: extent and severity</p> <p>Bruising: extent, severity, colour</p> <p>Range of movement and strength of shoulder and elbow joints</p> <p>Palpation: check temperature for infection</p> <p>Neurological signs, circulation</p>
WMS differential diagnosis	<p>Underlying fracture</p> <p>Compartment syndrome</p> <p>Contusion</p> <p>Abrasion</p>
WMS complications	<p>Ischaemic contractures from compartment syndrome</p> <p>Neurovascular injury</p> <p>Infection</p> <p>Scarring</p>

TCM differential diagnosis	Injury to skin, surrounding tissues and underlying structures Qi and Blood stasis in local area and affected channels, consider: LU, LI, HT, SI, PC, SJ or GB 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</p> <p>TCM goals: Disperse pain and swelling by clearing stasis in local cutaneous region, and affected channels Restore normal flow of Qi and Blood in the affected channels to heal wound and reduce scarring and adhesions Calm Shen Resolve toxins Correct any underlying patterns of imbalance</p> <p>Acute phase: 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 Upper Arm (no infection)

Read code: SD20.	
Number of treatments: 6	Triggers: 8
Key points	<p>Superficial injury or laceration not involving deep structures</p> <p>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</p> <p>Normal distal pulses, skin colour and capillary return do not exclude compartment syndrome</p>
Special considerations (WMS and TCM)	<p>Abraded skin is prone to hyperpigmentation – advise sunblock for six months after injury</p> <p>Involvement of nerve, tendon, muscle</p> <p>Medical conditions (especially bleeding disorders, diabetes)</p> <p>Drug therapy (e.g. anticoagulants)</p>
History (WMS and TCM)	<p>Nature of trauma causing injury</p> <p>Dominant/non-dominant side</p> <p>Compartment syndrome symptoms</p> <p>Medical history including medication</p> <p>Emotional response to trauma</p> <p>Functional limitations</p> <p>General health, tetanus status</p> <p>Neurological 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>Deformity</p> <p>Wound size, depth, location</p> <p>Retained foreign bodies</p> <p>Joint involvement</p> <p>Compartment syndrome signs: pain on passive stretching or active flexion of affected muscles; distal sensory abnormalities</p> <p>Oedema: extent and severity</p> <p>Bruising: extent, severity, colour</p> <p>Range of movement and strength of shoulder and elbow joints</p> <p>Palpation: check temperature for infection</p> <p>Neurological signs, circulation</p>
WMS differential diagnosis	<p>Underlying fracture</p> <p>Compartment syndrome</p> <p>Deep laceration involving deeper structures</p> <p>Contusion</p>

WMS complications	<p>Ischaemic contractures from compartment syndrome</p> <p>Excessive bleeding due to history of bleeding disorder or anticoagulant use</p> <p>Nerve or tendon involvement</p> <p>Infection</p> <p>Scarring</p>
TCM differential diagnosis	<p>Superficial damage to cutaneous region</p> <p>Qi and Blood stasis in local cutaneous region and affected channels, consider: LU, LI, HT, SI, PC, SJ or GB channels and fine luo distribution</p> <p>Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying channel systems and structures</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. Blood deficiency, Spleen Qi deficiency</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Enhance healing of abrasion; reduce pain and swelling</p> <p>TCM goals:</p> <p>Disperse pain and swelling by clearing stasis in local cutaneous region, and affected channels</p> <p>Restore normal flow of Qi and Blood in the affected channels to heal abrasion and reduce scarring</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>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	GP

Contusion Upper Limb

Read code: SE3..	
Number of treatments: 10	Triggers: 12
Key points	Contusion is defined as a closed injury, c.f. abrasion Contusions to limbs carry a risk of compartment syndrome, indicated by pain disproportionate to the injury
Special considerations (WMS and TCM)	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 Pain: severity and location Dominant/non-dominant side Medical history including medication Emotional response to trauma Neurovascular symptoms Cervical 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 Oedema: extent and severity Bruising: extent, severity, colour Haematoma Consider associated injuries: fracture, nerve involvement, circulatory problems Pain: location and intensity Range of movement, sensation, and strength of proximal and distal joints Palpation: check temperature for infection; peripheral circulation
WMS differential diagnosis	Abrasion Fracture Ligament, tendon or nerve damage especially brachial plexus Muscle strain or tear
WMS complications	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) Neurological/circulation disturbances Infection 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 muscle-tendino (sinew) 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 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 Occupational therapist</p>

Contusion Upper Arm/Shoulder

Read code: SE30.	
Number of treatments: 10	Triggers: 12
Key points	Contusion is defined as a closed injury, c.f. abrasion Contusions to limbs carry a risk of compartment syndrome, indicated by pain disproportionate to the injury
Special considerations (WMS and TCM)	Medical conditions (especially bleeding disorders) Drug therapy (e.g. anticoagulants) Cervical spine symptoms
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 Neurovascular 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 Oedema: extent and severity Bruising: extent, severity, colour Haematoma Consider associated injuries: fracture, nerve involvement, circulatory problems Pain: location and intensity Palpation: check temperature for infection; peripheral circulation Range of movement, sensation, and strength of shoulder and elbow joints and hand
WMS differential diagnosis	Compartment syndrome: presence or risk Abrasion Fracture Ligament, tendon or nerve damage Muscle strain or tear Underlying joint pathology Cervical and thoracic spine involvement Bursitis

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) Chronic pain Muscle atrophy, rupture Infection Neurovascular compromise</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 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: Damage to surrounding structures eg tendon, nerve, ligament 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</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 Occupational therapist Physiotherapist</p>

Crush Injury Upper Arm

Read code: SF203	
Number of treatments: 12	Triggers: 16
Key points	Mechanism of injury involves force from two sides
Special considerations (WMS and TCM)	Risk of compartment syndrome, indicated by pain disproportionate to the injury Neurovascular status should be monitored Medical conditions (especially bleeding disorders, diabetes, immunocompromise) Drug therapy (e.g. anticoagulants)
History (WMS and TCM)	Nature of trauma causing injury: industrial machinery (rollers), vehicle accident Associated injuries History of immediate management Dominant/non-dominant side Medical history including medication, tetanus status Emotional response to trauma Neurological symptoms, sensory or motor Circulation changes
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 Assess risk of compartment syndrome Oedema: extent and severity Bruising: extent, severity, colour Skin laceration, abrasion, bony tenderness Range of movement and strength of shoulder and elbow joints Palpation: check temperature for infection; peripheral circulation Neurological signs
WMS differential diagnosis	Fracture Laceration Soft tissue injury: strain or tear Circulatory problems Nerve injury
WMS complications	Compartment syndrome with ischaemic contractures if unrecognised Excessive bleeding due to bleeding disorder or anticoagulant use Myositis ossificans Nerve injury Tendon injury Muscle injury Necrosis Infection

TCM differential diagnosis	<p>Damage to local cutaneous area, soft tissue, tendons and ligaments, and possibly bone following trauma</p> <p>Leaking of blood out of vessels with Blood and Qi stasis in local tissues and affected channels consider: LU, LI, HT, ST, PC or SJ channels and connecting and muscle-tendino (sinew) channels following trauma</p> <p>Spleen Qi deficiency, Blood Heat may lead to excessive or prolonged bruising</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Qi block due to fright, in severe trauma</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to channel systems and surrounding structures eg bone, nerve, tendon, blood vessel</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:</p> <p>Enhance healing of injuries; reduce pain and swelling</p> <p>TCM goals:</p> <p>Disperse stasis of Blood and Qi in the local tissues and affected channels</p> <p>Nourish Blood and reinforce Qi to re-establish the normal flow of Qi and Blood in the affected channels</p> <p>Correct any underlying patterns of imbalance</p> <p>Calm Shen</p> <p>Acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Auricular Acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Tui na</p> <p>Liniments and herbal plasters*</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>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Occupational therapist</p>



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Cervical Disc Prolapse Radiculopathy

Read code: N12Co	
Number of treatments: 16–20	Triggers: 22
Key points	<p>Pain follows dermatomal distribution of affected nerve root(s), most commonly C5 and C6</p> <p>Cause may be non-traumatic, e.g. osteophytes due to cervical spondylosis, tumours</p> <p>Disc prolapse usually compresses the nerve root inferior to it, e.g. C4 disc compresses C5 nerve</p> <p>More common in 35-65 age groups</p>
Special considerations (WMS and TCM)	<p>Previous medical history, especially cancers, osteoarthritis, rheumatoid arthritis</p> <p>Tumours tend to cause bilateral pain</p> <p>Vertebro-basilar insufficiency</p> <p>Weakness or numbness in limbs, loss of normal bladder or bowel constitute a medical emergency</p>
History (WMS and TCM)	<p>Mechanism of injury</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Onset of pain: sudden or gradual</p> <p>Aggravating and relieving factors</p> <p>Area of symptoms: identify dermatomes involved; pain in upper trapezius; stiffness of neck with limited range of movement; involvement of arms, legs, bladder or bowel.</p> <p>Nature and severity of pain: numbness/tingling; sharp aching pain in neck radiating down one or both arms; onset of pain may be abrupt, e.g. on sudden movement of neck</p> <p>Night pain</p> <p>Functional limitations</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>Active and passive range of neck movement</p> <p>Palpation: reproduction of numbness/tingling; local soft tissue structures, cervical joints, levator scapula muscle</p> <p>Upper limb tension test</p> <p>Compression/distraction test</p> <p>Neurological sensory and motor signs in upper and lower limbs</p>
WMS differential diagnosis	<p>Fracture</p> <p>Degeneration of facet joints/discs</p> <p>Lateral canal stenosis</p> <p>Referred cardiac or gallbladder pain</p> <p>Thoracic outlet syndrome</p> <p>T4 syndrome</p> <p>Referred pain from pulmonary sulcus tumour (Pancoast tumour)</p> <p>Neuroma</p> <p>Acromio-clavicular strain</p>

WMS complications	Fracture/suspected instability Spinal cord compression Trauma upon pre-existing injury Osteoarthritis Vertebro-basilar insufficiency
TCM differential diagnosis	Arthralgia syndrome Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, LI, SJ and GB channels Possible involvement of Eight Extraordinary Vessels
TCM complications	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) Shen disturbance Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, numbness and tingling; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Nourish Liver Blood and supplement Qi</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 Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Chiropractor Osteopath

Thoracic Disc Prolapse Radiculopathy

Read code: N12C1

Number of treatments: 13–18

Triggers: 20

<p>Key points</p>	<p>Intervertebral disc prolapse is very uncommon in the thoracic spine Most disc protrusions occur below T9, most commonly at T11-T12 The thoracic spine is the most common site in the vertebral column for metastatic tumours, especially from breast, lung and prostate cancer Pain present day and night may indicate cancer Acute non-traumatic onset of thoracic pain could indicate serious cardiac or vascular problems</p>
<p>Special considerations (WMS and TCM)</p>	<p>Previous medical history, especially cancers, osteoarthritis, osteoporosis, cardiac conditions Weakness or numbness in limbs, loss of bladder or bowel function constitute a medical emergency Age: increased risk of cancer, compression fracture, osteoporosis General health Work and leisure activities</p>
<p>History (WMS and TCM)</p>	<p>Mechanism of injury Previous history of injuries Previous treatment, management, investigations, outcomes Onset of pain: sudden or gradual Aggravating and relieving factors Involvement of legs, bladder or bowel. Nature and severity of pain Night pain Functional limitations General health past and present: Scheuermann's disorder</p>
<p>Examination (WMS and TCM)</p>	<p>Pulse Tongue Shen and emotions Complexion colour Observation • Cutaneous regions, tai yang, shao yang etc • Tendino muscle channels (sinew network vessels) Palpation • Associated channels • Mu and shu points • A shi points Visual: scoliosis, kyphosis, posture Range of movement: active, passive, accessory Palpation: reproduction of pain; spinous processes Area of symptoms: identify dermatomes involved; record any sensory or motor loss</p>
<p>WMS differential diagnosis</p>	<p>Muscle strain Compression fracture Rib fracture Facet joints Cervical pain referral Scheuermann's disorder Cardiovascular disorder Cancer Severe infection: TB, pleurisy, brucellosis Pneumothorax Osteoporosis Referred pain from pulmonary sulcus tumour (Pancoast tumour) Acromio-clavicular strain</p>

WMS complications	Respiratory conditions Kyphosis, scoliosis Osteoporosis Spinal cord compression
TCM differential diagnosis	Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, and GB channels Arthralgia syndrome Possible involvement of Eight Extraordinary Vessels
TCM complications	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) Shen disturbance Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency Jing deficiency predisposing to spine pathology
Treatment rehabilitation	WMS goals: Decrease pain, inflammation, numbness and tingling; restore range of movement TCM goals: Decrease pain by clearing local Qi and Blood stasis Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Nourish Liver Blood and supplement Qi Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Tui na Liniments and herbal plasters* Sub-acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*
Onward referral	GP Physiotherapist Chiropractor Osteopath Occupational therapist

Lumbar Disc Prolapse Radiculopathy

Read code: N12C2	
Number of treatments: 16–22	Triggers: 24
Key points	<p>Radicular pain caused by nerve root compression from a disc protrusion</p> <p>Leg pain typically relates to the dermatome and myotome innervated by the affected nerve root, most commonly L5 or S1.</p> <p>Leg pain may occur without back pain, and can vary considerably in intensity</p> <p>These symptoms can also be caused by pelvic disease and tumours, especially from prostate, breast, bronchial, thyroid and kidney cancer and melanoma, which can metastasise to the spine</p> <p>Cauda equina syndrome (saddle anaesthesia, bowel or bladder dysfunction) indicate a medical emergency</p>
Special considerations (WMS and TCM)	<p>Previous medical history, especially cancers, osteoarthritis, osteoporosis</p> <p>Age: more common > 30 years; increased risk of cancer, osteoporosis with age</p> <p>General health</p> <p>Work and leisure activities</p>
History (WMS and TCM)	<p>Mechanism of injury: lifting, twisting, can be spontaneous</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Onset of pain: sudden or gradual, recurrent</p> <p>Nature and severity of pain/numbness and tingling; weakness.</p> <p>Involvement of legs, bladder or bowel.</p> <p>Area of pain: identify dermatome/myotome involved</p> <p>Night pain</p> <p>Functional limitations</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>Visual: scoliosis, kyphosis, posture, walking</p> <p>Range of movement</p> <p>Straight leg raising test</p> <p>Palpation: lumbar/gluteal muscle spasms; SI joints</p> <p>Area of symptoms: identify dermatomes involved; record any sensory or motor loss</p>
WMS differential diagnosis	<p>Tumour (severe unremitting pain)</p> <p>Cauda equina syndrome</p> <p>Sacro-iliac joint dysfunction</p> <p>Spondylosis/spondylolisthesis</p> <p>Facet joints</p> <p>Piriformis syndrome</p> <p>Osteoporosis</p> <p>Pain of visceral origin</p> <p>Cardiovascular disorder/arterial occlusion</p>
WMS complications	<p>Cauda equina syndrome</p> <p>Peripheralisation of symptoms</p>

TCM differential diagnosis	<p>Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, KI and GB channels</p> <p>Arthralgia syndrome</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Underlying patterns of imbalance e.g. Kidney Qi deficiency, Qi and Liver Blood deficiency</p>
TCM complications	<p>Same as WMS complications above plus:</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> <p>Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency</p> <p>Jing deficiency predisposing to spine pathology</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, inflammation, numbness and tingling; release secondary muscle adaptation and restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Nourish Liver Blood and supplement Qi</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 Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist</p>

Chronic/Recurrent Pain (cervical)

Read code: N131.	
Number of treatments: 12–16	Triggers: 18
Key points	Non-traumatic causes include spinal degeneration, osteophyte formation, disc degeneration
Special considerations (WMS and TCM)	Previous medical history, especially cancers, arthritic diseases, cardiovascular disease Vertebro-basilar insufficiency Weakness or numbness in limbs, loss of bladder or bowel function constitute a medical emergency Loss of consciousness Instability
History (WMS and TCM)	Mechanism of injury Previous history of injuries Dizziness, blurred vision, tinnitus, nausea, headaches, chest pain, loss of balance, loss of consciousness, dysphagia Previous treatment, management, investigations, outcomes Onset of pain: sudden or gradual Chronicity Area of symptoms: pain/stiffness in upper trapezius; stiffness of neck with limited range of movement Nature and severity of pain Aggravating and relieving factors Night pain Functional limitations General health past and present: rheumatoid arthritis, polymyalgia rheumatica, cerebrovascular disease Medication: e.g. steroids, anticoagulants Neurological symptoms, sensory or motor changes
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 Active range of movement: cervical spine, shoulder girdle Neurological examination required if symptoms present below shoulder level Posture Palpation: spinal irregularities, temperature
WMS differential diagnosis	Fracture Degeneration of facet joints/discs Referred dental pain Temporo-mandibular joint dysfunction Referred cardiac or gallbladder pain Carotid/vertebral artery occlusion Rheumatoid arthritis Polymyalgia rheumatica Osteoarthritis Osteoporosis Referred pain from pulmonary sulcus tumour (Pancoast tumour)

WMS complications	Trauma upon pre-existing injury or degeneration Spinal cord compression Vertebro-basilar insufficiency/vertebral artery spasm Radiculopathy/acute nerve root compression syndrome Osteoarthritis
TCM differential diagnosis	Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, LI, SJ and GB channels Deficiency of Yin Kidney Jing deficiency predisposing to spine pathology Arthralgia syndrome Possible involvement of Eight Extraordinary Vessels Wind/Cold/Damp Bi syndrome obstructing Qi and/or Blood circulation locally Underlying patterns of imbalance e.g. Qi and Liver Blood deficiency
TCM complications	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 obstruction Febrile Bi syndrome Shen disturbance Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency
Treatment rehabilitation	<p>WMS goals: Decrease pain and inflammation; restore range of movement; reduce numbness and tingling if present</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Nourish Liver Blood and supplement Qi</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Moxibustion Laser Acupuncture 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 to and herbal plasters*</p>
Onward referral	GP Physiotherapist Chiropractor Osteopath Occupational therapist

Low Back Pain, Acute Pain – Lumbar, Lumbago

Read code: N142.	
Number of treatments: 9	Triggers: 13
Key points	<p>Soft tissue injuries are uncommon causes of low back pain alone. Most lumbar problems originate from apophyseal joints or intervertebral joints, or from degenerative changes</p> <p>Lumbar pain can also be caused by pelvic disease and tumours, especially from prostate, breast, bronchial, thyroid and kidney cancer and melanoma, which can metastasise to the spine (may be indicated by weight loss, history of cancer, low grade fever, severe unremitting pain)</p> <p>Cauda equina syndrome (saddle anaesthesia, bowel or bladder dysfunction) indicate a medical emergency</p>
Special considerations (WMS and TCM)	<p>Previous medical history, especially cancers, osteoarthritis, osteoporosis, cardiovascular disorders</p> <p>Age: increased risk of cancer or osteoporosis with age</p>
History (WMS and TCM)	<p>Mechanism of injury: trauma, repetitive overuse, increased bodyweight, degenerative changes, poor posture</p> <p>Timing of injury related to symptom development</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Onset of pain: sudden or gradual, recurrent</p> <p>Nature and severity of pain; constant or intermittent</p> <p>Involvement of legs (weakness or numbness) bladder or bowel incontinence or retention</p> <p>Area of pain</p> <p>Night pain</p> <p>Aggravating and relieving factors</p> <p>Occupational history</p> <p>Functional limitations</p> <p>General health past and present: osteoporosis, neoplasms</p> <p>Medication</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>Red flag indicators</p> <p>Visual: posture, gait, scoliosis, kyphosis</p> <p>Straight leg raising test</p> <p>Area/level of dysfunction</p> <p>Palpation: lumbar spine joint fixation; lower back muscle spasm; SI joints; tenderness</p> <p>Range of movement</p> <p>Neurological signs</p>

WMS differential diagnosis	<p>Chronic low back pain (requires different management)</p> <p>Radiculopathy</p> <p>Fracture</p> <p>Tumour (severe unremitting pain)</p> <p>Cauda equina syndrome</p> <p>Inflammatory diseases</p> <p>Sacro-iliac joint dysfunction</p> <p>Spondylosis, spondylolisthesis</p> <p>Facet joints</p> <p>Hamstring/hip strain</p> <p>Piriformis syndrome</p> <p>Osteoporosis</p> <p>Pain of visceral origin</p>
WMS complications	<p>Cauda equina syndrome</p> <p>Spinal canal stenosis</p> <p>Psychological effects of back pain (yellow flags)</p>
TCM differential diagnosis	<p>Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, KI and GB channels</p> <p>Arthralgia syndrome</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Underlying patterns of imbalance e.g. Kidney Qi deficiency, Qi and Liver Blood deficiency</p> <p>Underlying Jing deficiency predisposing to spine pathology</p>
TCM complications	<p>Same as WMS complications above plus:</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> <p>Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency</p> <p>Jing deficiency predisposing to spine pathology</p>

<p>Treatment rehabilitation</p>	<p>WMS goals: Decrease pain; restore range of movement and normal gait; release secondary muscle adaptation</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Nourish Liver Blood and supplement Qi</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 Gua sha Tui na Liniments and herbal plasters*</p>
<p>Onward referral</p>	<p>GP Physiotherapist Osteopath Chiropractor Occupational therapist</p>

Sciatica

Read code: N143.

Number of treatments: 12

Triggers: 16

<p>Key points</p>	<p>Sciatica is pain in the distribution of the sciatic nerve or its branches (L4 to S3) caused by nerve pressure or irritation Includes: facet joint dysfunction, sacroiliac joint dysfunction, piriformis syndrome Leg pain may occur without back pain, and can vary considerably in intensity Sciatica symptoms can also be caused by pelvic disease and by tumours, especially from prostate, breast, bronchial, thyroid and kidney cancer and melanoma, which can metastasise to the spine Cauda equina syndrome (saddle anaesthesia, bowel or bladder dysfunction) indicate a medical emergency Patient should be encouraged to remain active within pain threshold</p>
<p>Special considerations (WMS and TCM)</p>	<p>Previous medical history, especially cancers, osteoarthritis, osteoporosis Age: increased risk of cancer or osteoporosis</p>
<p>History (WMS and TCM)</p>	<p>Mechanism of injury Timing of injury related to symptom development Previous history of injuries Previous treatment, management, investigations, outcomes Onset of pain: sudden or gradual, recurrent Nature and severity of pain Night pain Area of pain: identify dermatome/myotome involved Involvement of legs (weakness or numbness) of bladder or bowel incontinence or retention Occupation Functional limitations General health past and present: arthritis, osteoporosis, neoplasms</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 Visual: posture, gait Straight leg raising test Palpation: lumbar/sacral pain, sacroiliac joint, piriformis spasm/syndrome Area of symptoms: identify dermatomes involved; record any sensory loss or motor change</p>
<p>WMS differential diagnosis</p>	<p>Chronic low back pain (requires different management) Radiculopathy Fracture Tumour (severe unremitting pain) Cauda equina syndrome Sacro-iliac joint dysfunction Spondylosis, spondylolisthesis Facet joints Osteoporosis Peripheral vascular disorder/arterial occlusion</p>

WMS complications	<p>Cauda equina syndrome Psychological effects of back pain (yellow flags) Radiculopathy</p>
TCM differential diagnosis	<p>Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, KI and GB channels Arthralgia syndrome Possible involvement of Eight Extraordinary Vessels Underlying patterns of imbalance e.g. Kidney Qi deficiency, Qi and Liver Blood deficiency Underlying Jing deficiency predisposing to spine pathology</p>
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) Shen disturbance Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency Jing deficiency predisposing to spine pathology</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, numbness, and tingling; restore range of movement and normal gait; release secondary muscle adaptation</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Nourish Liver Blood and supplement Qi</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 Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist</p>

Sprain Sacroiliac Joints

Read code: S561.	
Number of treatments: 14	Triggers: 18
Key points	<p>Sacroiliac joint sprain does not usually cause pain below the knee</p> <p>Breast and prostate cancer can metastasise to the upper femur and pelvis</p> <p>Cauda equina syndrome (saddle anaesthesia, bowel or bladder dysfunction) indicate a medical emergency</p> <p>Patient should be encouraged to remain active</p>
Special considerations (WMS and TCM)	<p>Previous medical history, especially cancers, osteoarthritis, osteoporosis</p> <p>Age: increased risk of cancer or osteoporosis</p> <p>Sacroiliac joint can be the common site of inflammatory arthritis</p>
History (WMS and TCM)	<p>Mechanism of injury</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Onset of pain: sudden or gradual, recurrent</p> <p>Nature and severity of pain; constant or intermittent</p> <p>Involvement of legs (weakness or numbness) bladder or bowel function</p> <p>Area of pain: dull ache in buttock, can refer to groin or posterior thigh</p> <p>Night pain</p> <p>Aggravating and relieving factors</p> <p>Functional limitations</p> <p>General health past and present: arthritis, medication</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>Visual: posture, gait</p> <p>Palpation: lower back or hip muscle spasm; tenderness over sacroiliac joints</p> <p>Range of movement</p> <p>Neurological examination</p> <p>Other joints and general signs of infection/inflammation</p>
WMS differential diagnosis	<p>Radiculopathy</p> <p>Fracture</p> <p>Tumour (severe unremitting pain)</p> <p>Cauda equina syndrome</p> <p>Inflammatory diseases</p> <p>Spondylosis</p> <p>Facet joint dysfunction</p> <p>Hamstring/hip strain</p> <p>Lumbar instability</p> <p>Sprain of gluteus medius/quadratus lumborum</p> <p>Osteoporosis</p> <p>Pain of visceral origin</p>
WMS complications	Ongoing pain

TCM differential diagnosis	<p>Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, KI and GB channels</p> <p>Arthralgia syndrome</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Underlying patterns of imbalance e.g. Kidney Qi deficiency, Qi and Liver Blood deficiency</p> <p>Underlying Jing deficiency predisposing to spine pathology</p>
TCM complications	<p>Same as WMS complications above plus:</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> <p>Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency</p> <p>Jing deficiency predisposing to spine pathology</p>
Treatment rehabilitation	<p>WMS goals:</p> <p>Decrease pain; restore range of movement and normal gait; release secondary muscle adaptation</p> <p>TCM goals:</p> <p>Decrease pain by clearing local Qi and Blood stasis</p> <p>Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern</p> <p>Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels</p> <p>Correct any underlying patterns of imbalance</p> <p>Calm Shen</p> <p>Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments</p> <p>Nourish Liver Blood and supplement Qi</p> <p>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> <p>Sub-acute phase:</p> <p>Acupuncture</p> <p>Electro-acupuncture</p> <p>Moxibustion</p> <p>Cupping</p> <p>Gua sha</p> <p>Tui na</p> <p>Liniments and herbal plasters*</p>
Onward referral	<p>GP</p> <p>Physiotherapist</p> <p>Chiropractor</p> <p>Osteopath</p> <p>Occupational therapist</p>

Sprain Cervical Spine

Read code: S570.

Number of treatments: 9

Triggers: 14

Key points	Includes soft tissue injury with potential involvement of facet joints or intervertebral discs.
Special considerations (WMS and TCM)	<p>Previous medical history, especially cancers, arthritic diseases, cardiovascular disease</p> <p>Vertebro-basilar insufficiency</p> <p>Weakness or numbness in limbs, loss of normal bladder or bowel function constitute a medical emergency</p> <p>Degenerative changes</p> <p>Instability</p>
History (WMS and TCM)	<p>Mechanism of injury</p> <p>Time relationship of symptoms to injury</p> <p>Previous history of injuries</p> <p>Dizziness, blurred vision, tinnitus, nausea, headaches, chest pain, loss of balance, loss of consciousness, dysphagia</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Onset of pain: sudden or gradual</p> <p>Area of symptoms: pain/stiffness in upper trapezius; stiffness of neck with limited range of movement</p> <p>Involvement of arms and legs (weakness or numbness) bladder or bowel function</p> <p>Nature and severity of pain</p> <p>Aggravating and relieving factors</p> <p>Night pain</p> <p>Functional limitations</p> <p>Occupational and leisure activities</p> <p>General health past and present: rheumatoid arthritis, polymyalgia rheumatica, cerebrovascular disease</p> <p>Medication</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>Range of movement: active and passive</p> <p>Neurological examination, motor and sensory function of arms and legs</p> <p>Posture</p> <p>Palpation: spinal irregularities; cervical joints</p>

WMS differential diagnosis	<p>Chronic neck pain (requires different management)</p> <p>Fracture</p> <p>Degeneration of facet joints/discs</p> <p>Referred dental pain</p> <p>Temporo-mandibular joint dysfunction</p> <p>Referred cardiac or gallbladder pain</p> <p>Carotid/vertebral artery occlusion</p> <p>Canal stenosis</p> <p>Rheumatoid arthritis/inflammatory disease</p> <p>Severe osteoarthritis</p> <p>Osteoporosis</p> <p>Referred pain from pulmonary sulcus tumour (Pancoast tumour)</p> <p>Herpes zoster</p> <p>Meningitis</p>
WMS complications	<p>Spinal cord compression</p> <p>Chronic neck pain</p> <p>Fracture/suspected instability</p> <p>Trauma upon pre-existing injury or degeneration</p> <p>Vertebro-basilar insufficiency/vertebral artery spasm</p> <p>Radiculopathy/acute nerve root compression syndrome</p>
TCM differential diagnosis	<p>Arthralgia syndrome</p> <p>Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, LI, SI, SJ and GB channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Yin deficiency</p> <p>Kidney Qi deficiency leading to spine pathology</p>
TCM complications	<p>Same as WMS complications above plus:</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> <p>Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction</p>

<p>Treatment rehabilitation</p>	<p>WMS goals: Decrease pain and inflammation; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Yin Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern</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 Gua sha Tui na Liniments and herbal plasters*</p>
<p>Onward referral</p>	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist</p>

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Whiplash

Read code: S5704

Number of treatments: 12

Triggers: 16

Key points	<p>Whiplash injury is caused by hyperextension of the neck followed by recoil hyperflexion</p> <p>Injury may involve muscle, nerve roots, ligaments, apophyseal joints and intervertebral discs</p> <p>Damage to apophyseal joints can be severe, with microfractures and long-term dysfunction</p> <p>Pain may not present until some days after injury</p>
Special considerations (WMS and TCM)	<p>Previous neck injuries or degenerative changes</p> <p>Vertebro-basilar insufficiency</p> <p>Weakness or numbness in limbs, loss of normal bladder or bowel function constitute a medical emergency</p> <p>Instability</p>
History (WMS and TCM)	<p>Mechanism of injury</p> <p>Previous history of injuries: treatment, management, investigations, outcomes</p> <p>Dizziness, blurred vision, tinnitus, nausea, headaches, chest pain, loss of balance, loss of consciousness, dysphagia, dyspnoea</p> <p>Anxiety, depression, symptoms of concussion</p> <p>Nature and severity of pain and stiffness</p> <p>Involvement of legs or arms (weakness or numbness) bladder or bowel incontinence or retention</p> <p>Radiation of pain: shoulders, mid-scapular region, arms, hands; paraesthesia of ulnar border of hand</p> <p>Aggravating and relieving factors</p> <p>Night pain</p> <p>Functional limitations</p> <p>Occupational and leisure activities</p> <p>General health past and present</p> <p>Medication</p> <p>Head injury</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>Range of movement: active</p> <p>Posture</p> <p>Palpation: muscle spasm; cervical joints</p> <p>Neurological examination</p>
WMS differential diagnosis	<p>Fracture</p> <p>Degeneration of facet joints/discs</p> <p>Cervical disc lesion</p>

WMS complications	Fracture/suspected instability Trauma upon pre-existing injury or degeneration Osteoarthritis Radiculopathy Concussion Headaches
TCM differential diagnosis	Tissue damage leading to Qi and/or Blood stasis in the affected channels due to trauma, consider: BL, LI, SJ and GB channels Possible involvement of Eight Extraordinary Vessels Tissue damage to tendons and ligaments
TCM complications	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) Shen disturbance Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction Kidney Qi deficiency leading to spinal pathology
Treatment rehabilitation	<p>WMS goals: Decrease pain and inflammation; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern</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 Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Chiropractor Osteopath

Sprain Thoracic Spine

Read code: S571.

Number of treatments: 9

Triggers: 11

<p>Key points</p>	<p>Musculoskeletal thoracic pain is often due to poor posture. Lower cervical and thoracic spinal joints may also be involved The thoracic spine is the most common site in the vertebral column for metastatic tumours, especially from breast, lung and prostate cancer Pain present day and night may indicate cancer Acute non-traumatic onset of thoracic pain could indicate serious cardiac or vascular problems</p>
<p>Special considerations (WMS and TCM)</p>	<p>Age: increased risk of cancer, compression fracture, osteoporosis Weakness or numbness in limbs, loss of normal bladder or bowel function constitute a medical emergency</p>
<p>History (WMS and TCM)</p>	<p>Previous medical history, especially cancers, osteoarthritis, osteoporosis, cardiac conditions, respiratory function Mechanism of injury Previous history of injuries Previous treatment, management, investigations, outcomes Onset of pain: sudden or gradual Involvement of legs (weakness or numbness) bladder or bowel incontinence or retention Location of pain Aggravating and relieving factors Nature and severity of pain Night pain Functional limitations General health past and present: Scheuermann's disorder, medications</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 Visual: scoliosis, kyphosis, posture Skin lesions: herpes zoster Range of movement: active, passive, accessory Palpation: spinous processes; reproduction of pain Respiratory function, circulation Neurological examination legs and arms Kyphosis, scoliosis</p>

WMS differential diagnosis	<p>Disc prolapse Compression fracture Rib fracture Facet joints Cervical pain referral Ankylosing spondylitis Scheuermann's disorder Cardiovascular disorder Cancer Pulmonary infection: TB, pleurisy, brucellosis, pneumonia Pneumothorax Osteoporosis Referred pain from pulmonary sulcus tumour (Pancoast tumour) Acromio-clavicular strain Pulmonary Embolus</p>
WMS complications	<p>Reduced respiratory function Fracture Spinal cord compression Rib involvement</p>
TCM differential diagnosis	<p>Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, and GB channels Arthralgia syndrome Possible involvement of Eight Extraordinary Vessels Jing deficiency leading to spinal pathology</p>
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) Shen disturbance Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency Jing deficiency leading to spine pathology</p>

<p>Treatment rehabilitation</p>	<p>WMS goals: Decrease pain; restore range of movement</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Cupping Gua sha 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>
<p>Onward referral</p>	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist</p>

Sprain Lumbar Spine

Read code: S572.

Number of treatments: 12

Triggers: 16

Key points	<p>Lumbar pain can be caused by pelvic disease and tumours, (may be indicated by weight loss, history of cancer, low grade fever, severe unremitting pain)</p> <p>Cauda equina syndrome (saddle anaesthesia, bowel or bladder dysfunction) indicate a medical emergency</p>
Special considerations (WMS and TCM)	<p>Previous medical history, especially cancers, osteoarthritis, osteoporosis</p>
History (WMS and TCM)	<p>Mechanism of injury</p> <p>Timing of injury related to symptom development</p> <p>Previous history of injuries</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Onset of pain: sudden or gradual, recurrent</p> <p>Involvement of legs (weakness or numbness) bladder or bowel incontinence or retention</p> <p>Nature and severity of pain; constant or intermittent; area of pain, night pain</p> <p>Aggravating and relieving factors</p> <p>Occupational history</p> <p>Functional limitations</p> <p>General health past and present: arthritis, osteoporosis, neoplasms</p> <p>Medications</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>Visual: posture, gait</p> <p>Neurological signs: nerve root and cauda equina syndrome</p> <p>Neuromuscular testing as appropriate/indicated</p> <p>Palpation: lumbar spine joint fixation; lower back muscle spasm; tenderness</p> <p>Range of movement</p>
WMS differential diagnosis	<p>Chronic low back pain (requires different management)</p> <p>Radiculopathy</p> <p>Fracture</p> <p>Tumour (severe unremitting pain)</p> <p>Cauda equina syndrome</p> <p>Inflammatory diseases</p> <p>Sacro-iliac joint dysfunction</p> <p>Spondylosis, spondylolisthesis</p> <p>Facet joints</p> <p>Hamstring/hip strain</p> <p>Osteoporosis</p> <p>Pain of visceral origin</p>

WMS complications	<p>Cauda equina syndrome Spinal canal stenosis Chronic low back pain or history of repetitive injury Psychological/social problems</p>
TCM differential diagnosis	<p>Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, KI and GB channels Arthralgia syndrome Possible involvement of Eight Extraordinary Vessels Underlying patterns of imbalance e.g Qi and Liver Blood deficiency Kidney Qi and Jing deficiency leading to spine pathology</p>
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) Shen disturbance Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain; restore range of movement and normal gait; release secondary muscle adaptation</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern</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 Chiropractor Osteopath Occupational therapist</p>

Sprain Coccyx

Read code: S574.	
Number of treatments: 8	Triggers: 12
Key points	Work and leisure activities: amount of time spent seated
Special considerations (WMS and TCM)	Mechanism of injury: fall onto buttocks; trauma; post-partum Involvement of legs (weakness or numbness), loss of bladder and bowel function constitutes a medical emergency Previous history of injuries
History	Mechanism of injury Timing of injury related to symptom development Previous history of injuries Previous treatment, management, investigations, outcomes Onset of pain: sudden or gradual, recurrent Involvement of legs (weakness or numbness) bladder or bowel incontinence or retention Nature and severity of pain; constant or intermittent; area of pain, night pain Aggravating and relieving factors Occupational history Functional limitations General health past and present: arthritis, osteoporosis, neoplasms
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 Palpation Neurological examination
WMS differential diagnosis	Fracture Sacro-iliac joint dysfunction Lumbar spine Pain of visceral origin Cyst or abscess
WMS complications	Fracture Pelvic rim injury Constipation
TCM differential diagnosis	Qi and/or Blood stasis in the affected channels due to trauma and/or overuse, consider: BL, KI and GB channels Possible involvement of Eight Extraordinary Vessels Underlying patterns of imbalance e.g. Kidney Qi deficiency
TCM complications	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) Shen disturbance Underlying patterns of imbalance e.g. Liver Blood deficiency causing Bi obstruction, Kidney and Spleen Qi deficiency Jing deficiency predisposing to spine pathology

<p>Treatment rehabilitation</p>	<p>WMS goals: Decrease pain; improve mobility; release secondary muscle adaptation; clear obstruction</p> <p>TCM goals: Decrease pain by clearing local Qi and Blood stasis Nourish Blood and reinforce Qi to restore normal flows of Blood and Qi in the affected channels Correct any underlying patterns of imbalance Calm Shen Nourish Kidney, Liver and Spleen to promote healing of joints and ligaments Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern</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>
<p>Onward referral</p>	<p>GP Physiotherapist Chiropractor Osteopath</p>

Contusion Back

Read code: SE23.

Number of treatments: 10

Triggers: 12

Key points	
Special considerations (WMS and TCM)	<p>Medical conditions (especially bleeding disorders)</p> <p>Contusion to kidney</p> <p>Drug therapy (e.g. anticoagulants)</p> <p>Underlying back conditions</p>
History (WMS and TCM)	<p>Nature of trauma causing injury: determine force involved and depth of injury</p> <p>History of acute management</p> <p>Pain: severity and location</p> <p>Medical history including medication</p> <p>Emotional response to trauma</p> <p>Haematuria/dysuria</p> <p>Functional limitations</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>Temperature, pulse.</p> <p>Oedema Bruising /Haematoma : extent, severity, colour</p> <p>Consider associated injuries: fracture, nerve involvement, circulatory problems, kidney</p> <p>Pain: location and intensity</p> <p>Range of movement</p> <p>Muscle involvement</p> <p>Involvement of legs (weakness or numbness) bladder or bowel incontinence or retention</p>
WMS differential diagnosis	<p>Fracture</p> <p>Underlying joint pathology</p> <p>Abrasion</p> <p>Muscle strain or tear</p> <p>Internal injury</p>
WMS complications	<p>Spinal injury</p> <p>Myositis ossificans (calcification of haematoma in muscle belly)</p> <p>Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use</p> <p>Injury to tendon , nerve or bone</p> <p>Infection</p> <p>Chronic pain</p> <p>Organ damage, particularly kidney</p> <p>Pelvic injury</p>

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: BL and GB 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
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 Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern</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 Occupational therapist

Crush Injury Back

Read code: SF110	
Number of treatments: 12	Triggers: 16
Key points	Mechanism of injury involves force from two sides
Special considerations (WMS and TCM)	Medical conditions (especially bleeding disorders, diabetes, immunocompromise) Drug therapy (e.g. anticoagulants) Contusion to kidney Underlying back conditions
History (WMS and TCM)	Nature of trauma causing injury Associated injuries History of immediate management Medical history including medication Acute or chronic Involvement of legs (weakness or numbness) bladder or bowel incontinence or retention Pain: distribution, behaviour Functional limitations Emotional response to trauma Haematuria/dysuria
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 Skin laceration, abrasion Range of movement: spine and peripheral proximal joints Posture Palpation: check temperature for infection, tenderness over renal angle Muscle spasm/injury Neurological signs
WMS differential diagnosis	Intervertebral disc involvement Facet joint dysfunction Fracture Laceration Soft tissue injury: strain or tear Circulatory problems Nerve injury Underlying joint pathology Organ damage
WMS complications	Myositis ossificans Associated tendon or muscle injury Infection Organ damage, particularly kidney Cauda equina syndrome (medical emergency)

TCM differential diagnosis	Qi and Blood stasis in the affected area and channels following trauma, consider BL and GB channels Possible involvement of Eight Extraordinary Vessels
TCM complications	Same as WMS complications above plus: 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 underlying structures such as Zang Fu or bone Shen disturbance Underlying patterns of imbalance e.g. Kidney and Spleen Qi deficiency
Treatment rehabilitation	<p>WMS goals: Enhance healing of affected area; reduce pain, oedema, inflammation and bruising; restore range of movement</p> <p>TCM goals: Disperse stasis of Blood and Qi in the local tissues and affected channels Nourish Liver Blood and reinforce Qi to re-establish the normal flow of Qi and Blood Nourish Kidney, Liver and Spleen to promote healing of bones, soft tissues, tendons and ligaments Correct any underlying patterns of imbalance Calm Shen Clear Heat/drain Damp/expel Wind/disperse Cold according to presenting pattern</p> <p>Acute phase: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Tui na Liniments and herbal plasters*</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Moxibustion Cupping Gua sha Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Occupational therapist

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Carpal Tunnel Syndrome

Read code: F340.

Number of treatments: 12

Triggers: 16

Key points	Compression of the median nerve typically affects palmar aspect of lateral three and a half fingers
Special considerations (WMS and TCM)	Encourage patient to identify and modify/avoid exacerbating factors Causal or associated factors also include trauma, fibrosis, rheumatoid arthritis, myxoedema, gout, pregnancy, premenstrual oedema, hypothyroidism, and diabetes mellitus and weight gain
History (WMS and TCM)	Mechanism of injury: often follows repetitive rapid wrist and finger motion under load Gradual onset Pins and needles in fingers, often at night, relieved by shaking of hands Loss of sensation or paraesthesia in median nerve distribution Clumsiness, loss of grip strength Pain in the wrist may radiate into fingers or up into arm Cervical spine symptoms Oedema of wrist Previous wrist fracture or other injury Dominant/non-dominant side Previous treatment, management, investigations, outcomes Effects on sleep, worse at night Aggravating and relieving factors: worse after activity, better for rest Occupational and leisure activities, especially involving force and repetition Functional limitations General health past and present Pregnancy Diabetes Weight gain
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 Tinel test Phalen test Sensory changes in median nerve distribution Loss of grip strength Carpal joints Weakness or atrophy of thenar muscles Shoulder and arm function Inflammation, heat, swelling Cervical spine examination Other joint involvement

WMS differential diagnosis	<p>Nerve root compression Brachial neuritis Proximal nerve entrapment Thoracic outlet syndrome Tendonitis/tenosynovitis of wrist or elbow Joint pathology/arthritis Previous fracture/trauma to wrist Muscle tear/strain Peripheral neuropathy</p>
WMS complications	<p>Chronic pain Nerve damage: loss of motor or sensory function Tear or rupture of tendon (especially after steroid injection) Scar adhesion post surgery</p>
TCM differential diagnosis	<p>Injury to tendon and nerve following trauma Qi and Blood stasis in local area and affected channels, consider: LU, HT or PC channels</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. Liver Qi stagnation, Blood deficiency Shen disturbance</p>
Treatment rehabilitation	<p>WMS goals: Decrease pain, paraesthesia, 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*</p>
Onward referral	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist Hand Therapist preferred provider</p>

Flexor Tendon Rupture hand/wrist

Read code: N2264	
Number of treatments: 20	Triggers: 24
Key points	Usually seen after surgical repair
Special considerations (WMS and TCM)	Can be secondary to rheumatoid or osteoarthritis Occasionally due to inappropriate use of corticosteroids May follow prolonged period of tendinosis
History (WMS and TCM)	Mechanism of injury: forced hyperextension of digit Previous steroid injection Dominant/non-dominant side Nature and severity of pain Functional limitations Occupational and leisure activities General health past and present: rheumatoid or osteoarthritis
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 inspection: swelling Range of movement: finger (passive only until sub-acute), wrist Pain on movement Loss of function Resting position: splint requirement Neurological examination
WMS differential diagnosis	Sprain/strain Fracture Infection Carpal ligament injury Open wound with tendon laceration Nerve dysfunction
WMS complications	Adhesion, scarring Contracture of interphalangeal joint Osteoarthritis Joint subluxation Loss of function
TCM differential diagnosis	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 and connecting and muscle-tendino (sinew) 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	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>	<p>WMS goals: Decrease pain and inflammation; enhance tendon repair; restore range of movement; prevent adhesion/scarring; specific goals dependent upon site of rupture and degree of functional impairment involved</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 Tui na Liniments and herbal plasters*</p>
<p>Onward referral</p>	<p>GP Hand Therapist preferred provider Physiotherapist Chiropractor Osteopath</p>

Released under the Official Information Act 1982

Fracture Scaphoid (closed)

Read code: S2401

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 Often missed initially as pain may not be severe Initial X-rays may not show a fracture May be associated with lunate dislocation Usually seen after immobilisation or surgery Rare in children and the elderly 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>Bone scan is recommended if fracture is suspected but X-rays appear normal Delayed union, non-union, and avascular necrosis of scaphoid are relatively common Wrist ligament injuries Other local fractures Presentation may be several days after injury</p>
<p>History (WMS and TCM)</p>	<p>Mechanism of fracture: fall onto outstretched hand; kickback from starting motors, etc. Local pain and swelling Pain may decrease 2-3 days after injury 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 Site of pain: over dorsal and palmar aspects of scaphoid; tenderness in anatomical snuffbox (less specific) Swelling Intolerance of wrist extension Finger movement Functional limitations</p>
<p>WMS differential diagnosis</p>	<p>Bennett's fracture of thumb metacarpal Fracture of radial styloid Dislocation of wrist Tendonitis Wrist sprain Scapho-lunate ligament injury Carpal tunnel syndrome Arthritis</p>

WMS complications	<p>Displaced fracture Non-union or malunion of fracture Associated ligament damage Avascular necrosis of proximal fragment Complex regional pain syndrome Osteoarthritis</p>
TCM differential diagnosis	<p>Damage to bone following trauma Qi and/or Blood stasis in the affected channels, consider: LU, or LI channels Possible involvement of Eight Extraordinary Vessels</p>
TCM complications	<p>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 and function</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 Moxibustion</p> <p>Sub acute: Acupuncture Electro-acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion Liniments and herbal plasters*</p>
Onward referral	<p>GP Hand Therapist preferred provider Physiotherapist Osteopath Chiropractor</p>

Fracture Carpal Bone

Read code: S24Z.	
Number of treatments: 12	Triggers: 16
Key points	<p>May be missed on X-ray</p> <p>Carpal bone fractures may cause neurovascular problems in the hand</p> <p>Usually requires immobilisation in plaster cast</p>
Special considerations (WMS and TCM)	<p>Degree of force involved indicates likelihood of serious injury</p> <p>Document neurovascular status of hand at regular intervals</p> <p>Carpal instabilities may develop early or late after a carpal injury</p> <p>Associated ligamentous or soft tissue injury</p>
History (WMS and TCM)	<p>Mechanism of fracture: generally fall onto outstretched hand</p> <p>Lunate fracture: extension injury; impact to heel of hand</p> <p>Triquetrum fracture: dorso-ulnar pain and swelling</p> <p>Hook of hamate fracture: caused by e.g. golf club hitting ground</p> <p>Pisiform fracture: direct blow; local tenderness</p> <p>Force of impact</p> <p>Local pain and swelling</p> <p>Nerve involvement/circulation</p> <p>Hand dominance</p> <p>Occupational and leisure activities</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>Oedema and point tenderness, possibly bruising</p> <p>Deformity</p> <p>Range of movement: flexion, extension, pronation, supination</p> <p>Finger movement</p> <p>Functional limitations: grip strength</p> <p>Neurological examination</p>
WMS differential diagnosis	<p>Ligament or cartilage injury</p> <p>Forearm fracture</p> <p>Dislocation of wrist</p> <p>Tendonitis</p> <p>Scapholunate instability</p>
WMS complications	<p>Hamate and pisiform fractures: ulnar nerve palsy</p> <p>Lunate dislocation or perilunate fracture: median nerve damage</p> <p>Carpal instability</p> <p>Non-union or malunion of fracture</p> <p>Associated ligament damage</p> <p>Avascular necrosis</p> <p>Inter-articular adhesion with loss of movement</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: Damage to underlying structures eg tendon, nerve 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; 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>

Sprain Wrist/Hand

Read code: S52..	
Number of treatments: 10	Triggers: 12
Key points	<p>Includes ligament, tendon attachment, muscular and joint injury</p> <p>May be acute, chronic, or gradual onset</p> <p>Elderly patients are more likely to fracture than sprain</p> <p>Children under 12 years rarely sprain ligaments: X-ray to check for fracture</p> <p>Consider scaphoid fracture in adults</p> <p>Consider tendon rupture in the elderly</p>
Special considerations (WMS and TCM)	<p>Grade of sprain: range of movement with no definite end point indicates rupture</p> <p>Requires early mobilisation, especially in the elderly: risk of frozen shoulder with prolonged immobilisation</p>
History (WMS and TCM)	<p>Mechanism of injury: fall, trauma, twisting injury while gripping fixed object</p> <p>Gradual onset: work and leisure activities</p> <p>Duration of symptoms</p> <p>Pain: location and severity</p> <p>Previous injury or pathology</p> <p>Dominant/non-dominant side</p> <p>Previous treatment, management, investigations, outcomes</p> <p>Effects on sleep</p> <p>Hand dominance</p> <p>Occupational and leisure activities</p> <p>Functional limitations</p> <p>General health past and present</p> <p>Other joint involvement</p> <p>Neurovascular 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>Deformity</p> <p>Tenderness</p> <p>Loss of grip strength</p> <p>Inflammation, heat, swelling</p> <p>Range of movement: active, passive</p> <p>Nerve or vascular problems in hand</p> <p>Crepitus</p> <p>Lateral stability</p> <p>Cervical or thoracic spine involvement</p> <p>Examination of other joints</p>

WMS differential diagnosis	<p>Triangular fibro-cartilage injury Fracture Dislocation Scapho-lunate disassociation Tendonitis, tenosynovitis Ligamentous instability Joint pathology Carpal tunnel syndrome Tendon rupture Referred pain from cervical spine Acute nerve or arterial injury</p>
WMS complications	<p>Chronic recurrent tendonitis Unstable joints Chronic pain Vascular or nerve injury Carpal tunnel syndrome</p>
TCM differential diagnosis	<p>Tissue damage and injury to muscle, tendons and ligaments following trauma Qi and Blood stasis in the affected area and 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: Damage to underlying structures e.g. bone, nerve, and tendon 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 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
Occupational therapist
Hand Therapist preferred provider

Sprain Tendon Wrist or Hand

Read code: S524.	
Number of treatments: 10	Triggers: 12
Key points	Elderly patients are more likely to fracture than sprain Children under 12 years rarely sprain ligaments: X-ray to check for fracture Consider scaphoid fracture in adults Consider tendon rupture in the elderly
Special considerations (WMS and TCM)	Requires early mobilisation, especially in the elderly: risk of frozen shoulder with prolonged immobilisation
History (WMS and TCM)	Mechanism of injury: fall, trauma, twisting injury while gripping fixed object Gradual onset: work and leisure activities Duration of symptoms Pain: location and severity Weakness: muscles involved Previous injury or pathology Dominant/non-dominant side Previous treatment, management, investigations, outcomes Functional limitations General health past and present, underlying inflammatory condition Sensory or motor 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 Deformity Tenderness Loss of grip strength Inflammation, heat, swelling Range of movement: hand, wrist, elbow; active, passive Strength: hand, wrist, elbow Crepitus Nerve or vascular examinations of the hand Cervical or thoracic spine involvement
WMS differential diagnosis	Triangular fibro-cartilage injury Ligament or joint sprain Fracture Dislocation Scapho-lunate disassociation Tendonitis, tenosynovitis Tendon avulsion Avascular necrosis Ligamentous instability Joint pathology Carpal tunnel syndrome Peripheral nerve condition

WMS complications	<p>Tendon rupture Chronic pain Vascular or nerve injury Carpal tunnel syndrome</p>
TCM differential diagnosis	<p>Tissue damage and injury to tendon following trauma Qi and Blood stasis in the affected area and 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: Damage to underlying structures e.g. blood vessels, nerves 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/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	<p>GP Physiotherapist Chiropractor Osteopath Occupational therapist Hand Therapist preferred provider</p>

Open Wound Wrist

Read code: S91..	
Number of treatments: 12	Triggers: 16
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)	Tendon sheath injury or infection requires urgent hospital treatment Evidence of vascular compromise of finger or hand requires urgent referral Self-inflicted wounds require psychiatric assessment
History (WMS and TCM)	Mechanism of injury Circumstances of injury: work-related, assault, self-inflicted History of immediate treatment Associated symptoms/injuries Potential for infection, tetanus status Occupational and leisure activities Previous injury/disability Medical history including medication: immunosuppressants, corticosteroids General health: diabetes, hypertension 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 Site and extent of wound Signs/risk of infection Retained foreign bodies Sensory function Range of movement: wrist; fingers Motor nerve involvement Pain: location, nature, severity Oedema: extent and severity Bruising: colour, extent Circulation: colour/warmth; pulses; capillary refill Potential fracture: deformity, local tenderness Ligamentous stability: finger joints
WMS differential diagnosis	Abrasion Crush injury Fracture Ligament, tendon or nerve damage Arterial laceration
WMS complications	Infection Scarring Stiffness Neurological/tendon injury

TCM differential diagnosis	Injury to local cutaneous area, soft tissues, tendon and ligament and possibly bone following trauma Qi and Blood stasis in local area and affected 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; specific goals depend on structures involved in injury</p> <p>TCM goals: Decrease pain by clearing Qi and Blood stasis in the affected area and channels Restore normal flows of Qi and Blood in the affected channels to enhance wound healing Calm Shen Resolve toxins Correct any underlying patterns of imbalance</p> <p>Acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Moxibustion</p> <p>Sub-acute phase: Acupuncture Electro-acupuncture Laser Acupuncture Moxibustion Cupping Tui na Liniments and herbal plasters*</p>
Onward referral	GP Physiotherapist Osteopath Chiropractor Hand Therapist preferred provider

Contusion Wrist/Hand

Read code: SE32.	
Number of treatments: 10	Triggers: 13
Key points	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 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 Pain: severity and location Dominant/non-dominant side Medical history including medication Emotional response to trauma Occupational and leisure activities Neurovascular 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 Oedema: extent and severity Bruising: extent, severity, colour Haematoma Consider associated injuries: fracture, nerve involvement, circulatory problems Pain: location and intensity Range of movement Palpation: check temperature for infection; peripheral circulation
WMS differential diagnosis	Compartment syndrome: presence or risk Abrasion Fracture Ligament, tendon or nerve damage Muscle strain or tear Ischaemic changes
WMS complications	Compartment syndrome Injury to tendon, nerve or bone Ischaemic contractures/circulation disturbances Excessive bleeding and haematoma as a result of bleeding disorder or anticoagulant use Myositis ossificans (calcification of haematoma in muscle belly) Infection Chronic pain Neurological injury Haematoma of nail bed requiring drainage

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 affected channels, consider: LU, LI, HT, SI, PC or SJ channels and muscle-tendino (sinew) 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</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 Laser 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	GP Physiotherapist Occupational therapist Osteopath Chiropractor Hand Therapist preferred provider

Crush Injury Wrist or Hand

Read code: SF22.	
Number of treatments: 24	Triggers: 30
Key points	Mechanism of injury involves force from two sides
Special considerations (WMS and TCM)	<p>Management of associated injuries: fractures, tendon, nerve, soft tissue, skin</p> <p>Risk of compartment syndrome, indicated by pain disproportionate to the injury</p> <p>Splinting is important</p> <p>Medical conditions (especially bleeding disorders)</p> <p>Drug therapy (e.g. anticoagulants)</p>
History (WMS and TCM)	<p>Nature of trauma causing injury</p> <p>Associated injuries</p> <p>Site of pain</p> <p>Dominant/non-dominant side</p> <p>History of immediate management</p> <p>Medical history including medication</p> <p>Tetanus status</p> <p>Emotional response to trauma</p> <p>Occupational and leisure activities</p> <p>Neurological and circulation 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>Assess risk of compartment syndrome</p> <p>Deformity</p> <p>Oedema: extent and severity</p> <p>Bruising: extent, severity, colour, bony tenderness</p> <p>Skin laceration, abrasion</p> <p>Range of movement and strength of wrist and fingers</p> <p>Palpation: check temperature for infection; peripheral circulation</p> <p>Neurological signs</p>
WMS differential diagnosis	<p>Fracture</p> <p>Laceration</p> <p>Cellulitis</p> <p>Soft tissue injury: strain or tear</p> <p>Circulatory problems</p> <p>Nerve injury</p>
WMS complications	<p>Compartment syndrome/ischaemic contracture</p> <p>Myositis ossificans</p> <p>Nerve, tendon, muscle injury</p> <p>Fracture</p> <p>Necrosis/infection</p>

TCM differential diagnosis	<p>Injury to local cutaneous area, soft tissues, tendons and ligaments, and possibly bone following trauma</p> <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 affected channels, consider: LU, LI, HT, SI, PC or SJ channels and muscle-tendino (sinew) channels</p> <p>Possible involvement of Eight Extraordinary Vessels</p> <p>Qi block due to fright, in severe trauma</p>
TCM complications	<p>Same as WMS complications above plus:</p> <p>Damage to underlying structures e.g. muscle, nerve, tendon, bone</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 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 Auricular Acupuncture Laser Acupuncture 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 Occupational therapist Osteopath Chiropractor Hand Therapist preferred provider</p>

Burns Hand(s)/Wrist

Read code: SH4..

Number of treatments: 24

Triggers: 30

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>Severe burns may be associated with 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>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>Occupational and leisure activities</p> <p>Sensory and motor 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>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: fingers, wrist</p> <p>Neurovascular status of limb</p> <p>Contractures/deformities</p>
WMS differential diagnosis	
WMS complications	<p>Wound infection</p> <p>Graft failure</p> <p>Contractures and deformities</p> <p>Scarring</p> <p>Psychological/social problems</p> <p>Sensation alteration</p> <p>Loss of function</p>

TCM differential diagnosis	<p>Injury 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, KI, GB or LR channels</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 e.g. muscle, tendon, ligament</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 in the affected area and channels Correct any underlying patterns of imbalance Calm Shen Nourish Yin fluids</p> <p>Acute phase: Acupuncture Auricular Acupuncture Laser Acupuncture Ion-pumping cords*</p> <p>Sub-acute phase: Acupuncture Auricular acupuncture Laser acupuncture Tui na</p>
Onward referral	<p>GP Physiotherapist Osteopath Chiropractor Occupational therapist Hand Therapist preferred provider Councillor</p>

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S120.	Fracture Rib (closed)	8	10	25
S20..	Fracture Clavicle (closed non-displaced)	6	8	172
S226.	Fracture Humerus (closed proximal)	8	14	174
S2241	Fracture Distal Humerus, supracondylar (closed)	8	14	47
S230./ S231.	Fracture of Proximal Radius/Ulna	11	15	50
S232./ S233.	Fracture of Shaft of Radius/Ulna	11	15	52
S234./ S235.	Fracture of Distal Radius/Ulna	11	15	55
S2401	Fracture Scaphoid (closed)	12	16	239
S24Z.	Fracture Carpal Bone	12	16	241

READ CODE	DESCRIPTION	TREATMENTS	TRIGGER	PAGE
S25..	Fracture of Metacarpal Bone	12	16	86
S26..	Fracture Phalanx – Hand	12	14	88
S33..	Fracture Tibia/Fibula	12	16	115
S34..	Fracture Ankle	10	14	17
S352.	Fracture Tarsal Bones/Metatarsals (closed)	10	12	69
S36..	Fracture Phalanges (Foot, closed)	6	8	72
S41..	Dislocation/Subluxation Shoulder	10	14	176
S44..	Dislocation/Subluxation of Finger/Thumb	20	20	90
S460.	Acute Meniscal Tear (medial)	10	12	117
S461.	Acute Meniscal Tear (lateral)	8	12	119
S50..	Sprain Upper Arm/Shoulder	8	12	178
S500.	Sprain Acromio-Clavicular Ligament	10	12	180
S503.	Sprain Infraspinatus Tendon	12	16	182
S504.	Sprain Rotator Cuff	10	16	184
S507.	Sprain Shoulder Joint	10	12	187
S51..	Sprain Elbow/Forearm	9	11	58
S52..	Sprain Wrist/Hand	10	12	243
S5204	Sprain Radial Collateral Ligament (thumb)	10	12	92
S522.	Sprain Thumb	10	12	94
S523./ S5513	Sprain Finger/Interphalangeal Joint	10	12	96
S524.	Sprain Tendon Wrist or Hand	10	12	246
S53..	Sprain Hip/Thigh	8	12	109
S533.	Sprain Quadriceps Tendon	8	14	121
S540.	Sprain Lateral Collateral Ligament Knee	10	14	123
S541.	Sprain Medial Collateral Ligament Knee	10	14	125
S542.	Sprain Cruciate Ligament Knee	12	16	127
S54X1	Sprain Gastrocnemius	8	12	129
S550.	Sprain Ankle	10	14	19
S5504	Sprain Achilles Tendon	10	14	21
S5512/ S5513	Sprain Metatarsophalangeal Joint/ Interphalangeal Joint	8	12	75

READ CODE	DESCRIPTION	TREATMENTS	TRIGGER	PAGE
S561.	Sprain Sacroiliac Joints	14	18	216
S570.	Sprain Cervical Spine	9	14	218
S5704	Whiplash	12	16	221
S571.	Sprain Thoracic Spine	9	11	223
S572.	Sprain Lumbar Spine	12	16	226
S574.	Sprain Coccyx	8	12	228
S5Q2.	Rupture of Supraspinatus	12	16	189
S5Q4.	Rupture of Biceps Tendon	12	16	191
S5y3.	Rib Sprain	8	12	28
S8...	Open Wound Trunk/head/neck	9	13	30
S82..	Open Wound Ear	12	16	143
S830./ S8342	Open Wound Scalp/Forehead	12	16	145
S832./ S8341/ S8343/ S8344/ S8345/ S836.	Open Wound Nose/Cheek/Eyebrow/Lip/ Jaw/Mouth	16	20	147
S87../S88..	Open Wound Buttock/External Genitalia	12	16	149
S90..	Open Wound Shoulder/Upper Limb	16	20	193
S906./ S97../ S97X./ SA6../ SA78./ SA7X.	Amputation at Shoulder/Hand/at Elbow/ Foot/Upper Leg/Lower Leg	18-36	24	151
S91..	Open Wound Elbow/Forearm	9	13	60
S91..	Open Wound Wrist	12	16	248
S92../ S9300/ S9302	Open Wound Hand/Fingers/Thumb	20	24	98
S935./ 7G321	Open Wound Fingernail/Avulsion of Nail	5	6	100
S96..	Amputation Finger	18-36	24	102
SA100/ SA101	Open Wound Knee/Leg	12	16	131

READ CODE	DESCRIPTION	TREATMENTS	TRIGGER	PAGE
SA2../SA3..	Open Wound Foot/Toe(s)	10	14	77
SD000	Abrasion Face	6	8	153
SD10.	Abrasion Trunk	4	6	32
SD20.	Abrasion Upper Arm (no infection)	6	8	195
SD30.	Abrasion Lower Arm (no infection)	4	6	62
SD60./SD602	Abrasion Leg/Knee	4	6	133
SE0..	Contusion Head/Neck	8	10	155
SE2..	Contusion Trunk	10	12	34
SE20.	Contusion Breast	10	12	36
SE21.	Contusion Chest Wall	10	12	38
SE23.	Contusion Back	10	12	230
SE24.	Contusion Genital Organs	8	10	157
SE3..	Contusion Upper Limb	10	12	197
SE30.	Contusion Upper Arm/Shoulder	10	12	199
SE31.	Contusion Elbow/Forearm	10	12	64
SE32.	Contusion Wrist/Hand	10	13	250
SE33./SE332	Contusion Finger/Thumb/Fingenail (haematoma)	10	15	104
SE40.	Contusion Hip and Thigh	10	12	111
SE41.	Contusion Knee and Lower Leg	9	10	135
SE42.	Contusion Ankle and Foot	6	8	23
SE43.	Contusion Toe	9	11	79
SE44.	Contusion Lower Limb (multiple sites)	10	14	137
SF110	Crush Injury Back	12	16	232
SF203	Crush Injury Upper Arm	12	16	201
SF22.	Crush Injury Wrist or Hand	24	30	252
SF23./SF231/SF233	Crush Injury Finger (open/closed)/Thumb (closed)	24	30	106
SF322	Crush Injury Foot (closed)	12	18	81
SH1..	Burns Head/Neck	20	24	159
SH2..	Burns Trunk	20	24	40

READ CODE	DESCRIPTION	TREATMENTS	TRIGGER	PAGE
SH3..	Burns Arm (excluding Hand)	20	24	66
SH4..	Burns Hand(s)/Wrist	24	30	254
SH5..	Burns Lower Limb	20-30	24	139
TE532	Toxic Reaction Bee Sting	10	22	161
TE60.	Bite (dog)	8	12	163
U120.	Bite (human)	6	10	165

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