



Musculoskeletal medicine

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Curriculum for Australian General Practice 2011**

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Definition

Musculoskeletal medicine embodies all medical disciplines that deal with the diagnosis of acute and chronic conditions affecting the musculoskeletal system in adults and children, including the psychosocial impact of these conditions.

Musculoskeletal conditions may result from a wide range of processes including injury, inflammation, infection, metabolic or endocrinological conditions and the normal aging process.

Musculoskeletal medicine incorporates aspects of orthopaedics, rheumatology, rehabilitation medicine and pain medicine.

Musculoskeletal, or orthopaedic medicine, includes common ailments such as whiplash, back and buttock pain where findings on radiological investigation do not often correlate strongly with the clinical presentation, requiring a detailed clinical examination to assess biomechanical dysfunction and to interpret referred pain patterns. This subspecialty provides professional links between medical practitioners and allied health disciplines such as physiotherapy, occupational therapy, osteopathy, chiropractic, myotherapy and exercise physiology.

Musculoskeletal conditions cause a significant pain burden in the community that often involve complex psychological processes. Psychological conditions can result in somatic pain and many people with chronic pain have comorbid psychological diagnoses.

The successful management of musculoskeletal conditions requires a holistic, patient centred approach.

Curriculum in practice

The following cases illustrate how the musculoskeletal medicine curriculum applies to general practice:

- Jack, 70 years of age, has recently retired. He now plays golf several times a week. He has developed pain in his right shoulder over the past couple of weeks that is progressively worsening and now wakes him from sleep if he rolls onto that side. He is otherwise well, with mild hypertension and a history of low back pain. On examination he has an element of pain consistent with rotator cuff injury and tendonitis. He wants to know his treatment options, but also how this could have been avoided.
- Louise, 32 years of age, presents with 1 week of swollen and painful finger joints, as well as feeling tired. On examination, she has swelling of her proximal interphalangeal joints on both hands, which are tender. She also looks tired.

Rationale and general practice context

Musculoskeletal conditions are responsible for a major burden in the Australian health system, affecting around 31% of the population – more than 6 million Australians. Globally, one in four people report chronic musculoskeletal impairments in both less and more developed countries. These conditions consume enormous healthcare and social resources, representing almost 25% of the total cost of illness in western countries.¹ In 2008, the World Health Organization estimated that musculoskeletal diseases were the fifth largest cause of global years of life lost due to disability, accounting for more than 5% of the total.²

Musculoskeletal conditions are the most common cause of severe long term pain and physical disability³ and are major causes for work limitation and early retirement.³ Back pain, joint disorders (osteoarthritis and rheumatoid arthritis) and osteoporosis make the greatest contribution to this burden and have been targeted as a national health priority area with a national action plan by the Department of Health and Ageing.

A common misconception is that chronic musculoskeletal conditions are inevitable and an unavoidable consequence of aging. In reality, the burden of arthritis and musculoskeletal conditions can be reduced through intervention at various points along the disease continuum including prevention, early diagnosis, prompt initiation of treatment, ongoing management and timely access to joint replacement.⁴ In addition, children and young people can be affected by chronic musculoskeletal conditions, such as juvenile rheumatoid arthritis. These misconceptions may lead to missed opportunities to address potentially modifiable risk factors, prevent or slow progression, improve management and optimise health related quality of life.⁵

Musculoskeletal conditions and Australian general practice

General practice plays an important role within the Australian healthcare system in the prevention, early detection and management of chronic disease, including musculoskeletal disease.

Musculoskeletal conditions accounted for 15.4% of general practice encounters in 2009–2010, and were the third most common reason for presentation.⁶ Back complaints accounted for 3.1% of reasons for presentation, followed by knee (1.4%), foot/toe (1.1%), shoulder (1.1%), neck (1.0%), leg (0.8%) and other (0.7%).⁶ The nature of general practice provides the opportunity for early screening for chronic disease and enables preventable risk factors to be addressed early.

For example, the early diagnosis and management of rheumatoid arthritis greatly reduces long term joint damage and improves outcomes. General practitioners need to be able to diagnose rheumatoid arthritis as early as possible in order to optimise outcomes for patients.⁵

Up to 18% of women and 10% of men aged over 65 years have symptomatic osteoarthritis characterised by joint pain and mobility impairment. Comprehensive assessment leading to an early diagnosis and appropriate intervention can significantly relieve signs and symptoms and expedite joint replacement when required.⁷

Half of all women and a third of all men will suffer minimal trauma fractures secondary to osteoporosis.⁸ Early identification and management can prevent many of the longer term disastrous consequences.⁸

The impact of musculoskeletal conditions on quality of life is large, not only in terms of activity limitation and functional restrictions, but also from pain and self perceived state of health. For example, about 10% of people with rheumatoid arthritis reported very high levels of psychological distress.⁴ Independent living of a large proportion of people with arthritis and musculoskeletal conditions is compromised and many experience psychosocial changes in their lives such as a change in marital status and employment as a result of their disease or condition.⁴

Through both direct intervention and promotion of self management strategies, the GP clearly has a critical role in the management of these and other musculoskeletal conditions, which continue to increase in incidence and prevalence with our aging population and poor health, secondary to obesity and life style choices.

Note: this curriculum statement is consistent with the musculoskeletal medicine educational requirements for Australian GPs according to the Australian National Musculoskeletal Core Competencies⁹ and the global curriculum recommendations of the International Bone and Joint Decade Undergraduate Curriculum Group.³ In addition, this statement is also consistent with the musculoskeletal medicine syllabus of the Australasian Faculty of Musculoskeletal Medicine¹⁰ and the evidenced based *Clinical guidelines for musculoskeletal diseases* of The Royal Australian College of General Practitioners.¹¹

Related curriculum areas

Refer also to the curriculum statements:

- *Integrative medicine*
- *Occupational health and safety*
- *Pain management*
- *Sports medicine*
- *Chronic conditions.*

Training outcomes of the five domains of general practice

1. Communication skills and the patient-doctor relationship

- MSKT1.1** Understand the particular importance of common presentations of pain and how the subjective nature of pain requires that the consultation process initially focuses on taking a good pain history. This includes, where appropriate, history taking from the patient's family members, carers, employers.
- MSKT1.2** Efficiently elicit information while simultaneously employing empathy and patience with patients suffering pain.
- MSKT1.3** Understand the need for careful detailed history taking for presentations of vague or non-specific symptoms common in many musculoskeletal general practice presentations.
- MSKT1.4** Use empathy and motivational interviewing skills to help develop a sound therapeutic partnership with the patient, especially as many conditions require long term treatment.
- MSKT1.5** Communicate where appropriate, and in conjunction with the patient, with the patient's family members, carers, employers and others to promote successful disease monitoring and plan rehabilitation options.
- MSKT1.6** Communicate prevention strategies for pain and dysfunction in common musculoskeletal conditions including benefits and risks of lifestyle factors, physical activity, minimising immobility and avoiding of specific risks.
- MSKT1.7** Use appropriate communication skills for patient education and enhancing self management which are key strategies in effective musculoskeletal general practice care.

2. Applied professional knowledge and skills

- MSKT2.1** Know the wide range of musculoskeletal conditions is necessary to successfully manage the diversity of musculoskeletal general practice presentations including assessment techniques, differential diagnosis and disease management. This includes a thorough knowledge of the basic sciences, normal versus abnormal function and a biopsychosocial/multidisciplinary approach to care.
- MSKT2.2** Understand that as pain is the most common symptom of musculoskeletal conditions treatment outcomes are directed at pain reduction, as well as improving function, modifying disease progression and decreasing the risk of future loss of function or recurrence.
- MSKT2.3** Understand the role of patient safety concerns in the treatment of musculoskeletal conditions treatments, such as the overriding principle of 'first do no harm' because while evidence based medicine is critical to managing musculoskeletal conditions, many treatments in this area continue to be based on experience and empiricism.

3. Population health and the context of general practice

- MSKT3.1 Understand that the early diagnosis and management of common general practice musculoskeletal presentations not only improves patient quality and quantity of life, but is a major public health intervention to reduce community morbidity and mortality, and their economic impact.
- MSKT3.2 Know the epidemiology and patterns of musculoskeletal diseases to help the early diagnosis of musculoskeletal conditions.
- MSKT3.3 Identify risk factors for musculoskeletal disease and disease prevention to help reduce musculoskeletal related morbidity and mortality.
- MSKT3.4 Understand how the chronicity and morbidity associated with many musculoskeletal conditions requires work, family and social factors to be considered in their general practice management.

4. Professional and ethical role

- MSKT4.1 Understand how musculoskeletal conditions often require the GP to work with other health professionals within a multidisciplinary team including, where appropriate, employers. This is done while maintaining appropriate professional boundaries (see curriculum statement *Occupational medicine*).
- MSKT4.2 Understand that patients with musculoskeletal pain problems often seek help from alternative and allied health practitioners using treatment paradigms that may differ widely from the traditional medical model.
- MSKT4.3 Develop strategies for working with patients using nonmedical paradigms to maintain patient-doctor relationships while maintaining an awareness of potential for harm as a result of other therapies.

5. Organisational and legal dimensions

- MSKT5.1 Understand that many general practice musculoskeletal consultations involve legal aspects such as work related, motor vehicle, and assault injury cases and have a basic knowledge of the relevant prevailing legal system within each jurisdiction.
- MSKT5.2 Know how to make assessments and pronouncements on musculoskeletal injuries that affect the patient and their legal outcomes.
- MSKT5.3 Be able to distinguish between registered and nonregistered musculoskeletal therapists.

Learning objectives across the GP professional life

Medical student

1. Communication skills and the patient-doctor relationship

- MSKLM1.1 Describe the characteristic natural history of common musculoskeletal conditions and how this knowledge, when combined with good history taking, helps to confirm or exclude many conditions.
- MSKLM1.2 Demonstrate the ability to take a sound history of the pain including nature, intensity, location, duration, onset, offset, concomitant factors, aggravating factors, relieving factors, radiation, frequency, sleep, irritability, response to previous treatment.
- MSKLM1.3 Demonstrate the use of pain charts, visual analogue scales and functional assessment charts to interpret and complete a patient's history.
- MSKLM1.4 Demonstrate an ability to empathetically take a history from a patient suffering pain.
- MSKLM1.5 Describe the role of effective communication in the principles and practice of patient education and self management.

2. Applied professional knowledge and skills

- MSKLM2.1 Outline basic sciences necessary for dealing with the musculoskeletal system including anatomy, physiology, pathology and embryology.
- MSKLM2.2 Understand the basics of pain physiology and the multiple inputs affecting the modulation of pain.
- MSKLM2.3 Demonstrate an ability to take a basic history/examination to allow the formulation of a differential diagnosis.
- MSKLM2.4 Outline investigations that may be useful in solving diagnostic and management problems in practice.
- MSKLM2.5 Describe the factors involved in deciding whether imaging and related investigations are indicated or not.
- MSKLM2.6 Describe the adverse effects of inappropriate imaging and investigations in musculoskeletal conditions.
- MSKLM2.7 Describe why an understanding of and the ability to identify serious diseases early, including red flag emergencies, is central to effective musculoskeletal care.
- MSKLM2.8 Describe the common musculoskeletal conditions that occur in Australians and their prognosis.
- MSKLM2.9 Outline the affect of chronic pain on sleep.
- MSKLM2.10 Describe the principles of the biopsychosocial health model.
- MSKLM2.11 Outline the role of analgesics in clinical management of musculoskeletal conditions.
- MSKLM2.12 Outline management of common musculoskeletal conditions and their efficacies.
- MSKLM2.13 Outline the principles involved in evaluating the efficacy of treatments for musculoskeletal conditions, including alternative or complementary therapies.
- MSKLM2.14 Describe the concept of chronic disease self management.

3. Population health and the context of general practice

- MSKLM3.1 Describe the diversity of conditions encompassed by musculoskeletal conditions.
- MSKLM3.2 Describe how the different disease processes and natural history of the various musculoskeletal conditions affect prevention and treatment priorities, eg. the role of early treatment in inflammatory arthritis.
- MSKLM3.3 Demonstrate the ability to identify modifiable risk factors for musculoskeletal conditions.
- MSKLM3.4 Describe the potential impact of musculoskeletal conditions on children, family, work and other social roles.
- MSKLM3.5 Describe how musculoskeletal conditions result in substantial costs to the community.
- MSKLM3.6 Outline the importance of patient education and chronic disease self management in musculoskeletal conditions.

4. Professional and ethical role

- MSKLM4.1 Outline the reasons why many musculoskeletal conditions require a multidisciplinary approach to management.

5. Organisational and legal dimensions

- MSKLM5.1 Describe how access to services can affect patient outcomes.
- MSKLM5.2 Demonstrate the ability to organise the medical consultation into its various components of history, examination, differential diagnosis, investigations, diagnosis and management.
- MSKLM5.3 Outline the jurisdictional legislative requirements for medical practitioners in dealing with work related health and insurance issues, and for motor traffic injury cases.
- MSKLM5.4 Describe the difference between the terms: impairment, disability, and handicap and their legal implications.

Learning objectives across the GP professional life

Prevocational doctor

Assumed level of knowledge – medical student

1. Communication skills and the patient-doctor relationship

- MSKLP1.1 Demonstrate the ability to take a full history including presenting musculoskeletal complaint, history of the presenting complaint and to make a provisional diagnosis in the acute hospital setting.
- MSKLP1.2 Demonstrate the ability to identify and interpret pain behaviours such as limping, moaning, grimacing, other body language and use of aids in a patient suffering from musculoskeletal pain.
- MSKLP1.3 Demonstrate empathetic communication with patients in the hospital setting.
- MSKLP1.4 Demonstrate the pursuit of opportunities to interview relatives of patients who present to hospital with a musculoskeletal pain problem to enhance history taking and information gathering.
- MSKLP1.5 Demonstrate an ability to reassure patients in pain and provide lucid explanations as to diagnosis, physiology and prognosis to patients with musculoskeletal problems.
- MSKLP1.6 Demonstrate the ability to counsel patients about musculoskeletal conditions.
- MSKLP1.7 Demonstrate the importance of an ongoing relationship of trust in chronic healthcare.

2. Applied professional knowledge and skills

- MSKLP2.1 Demonstrate the ability to perform a complete and thorough musculoskeletal history and examination.
- MSKLP2.2 Demonstrate how to identify psychosocial stressors of musculoskeletal conditions ('yellow flags') and incorporate them into pertinent management strategies.
- MSKLP2.3 Describe the investigations available to rule in, or out, emergency and urgent ('red flag') diagnoses and their relative advantages/disadvantages.
- MSKLP2.4 Outline basic clinical biomechanics.
- MSKLP2.5 Demonstrate an ability to differentiate between pain types, eg. acute, chronic, somatic (nociceptive), somatic referred, neuropathic, visceral and nonorganic.
- MSKLP2.6 Outline the concept of non-organic pain.
- MSKLP2.7 Demonstrate the ability to formulate a management plan for musculoskeletal conditions, including appropriate referral and incorporating psychosocial issues.
- MSKLP2.8 Demonstrate a thorough knowledge of medications commonly used in the management of musculoskeletal conditions.
- MSKLP2.9 Demonstrate the ability to search for and access evidence based resources for musculoskeletal conditions.

3. Population health and the context of general practice

- MSKLP3.1 Describe the patterns of differing conditions across different populations, for example, age groups (children and adults) or gender.
- MSKLP3.2 Describe methods involved in primary, secondary and tertiary prevention of musculoskeletal disorders.
- MSKLP3.3 Describe the different disease processes and natural history associated with arthritis and related disorders, osteoporosis, other diseases of the musculoskeletal system and connective tissue and musculoskeletal injuries.
- MSKLP3.4 Describe the implications of different disease natural histories for primary and secondary prevention and prevention/reduction of morbidity.
- MSKLP3.5 Describe the socioeconomic and geographical inequities in access to services for musculoskeletal conditions.
- MSKLP3.6 Describe how chronic disease self management can affect the health of people with musculoskeletal conditions.
- MSKLP3.7 Demonstrate the ability to intervene with patients to address modifiable risk factors.
- MSKLP3.8 Describe the economic impact of the musculoskeletal conditions including those conditions that contribute most to these costs.

4. Professional and ethical role

- MSKLP4.1 Demonstrate the ability to work in a multidisciplinary team to manage musculoskeletal conditions.
- MSKLP4.2 Describe the specific roles of different allied health professionals in the prevention and management of musculoskeletal conditions.
- MSKLP4.3 Outline the co-ordination of care across disciplines in more complex musculoskeletal complaints including compiling return to work/activity plans.
- MSKLP4.4 Identify patients who require advocacy and guidance to enable them to access necessary services and social and economic supports to manage their condition.
- MSKLP4.5 Demonstrate the ability to support patient self determination, including patients using alternative and complementary therapies.
- MSKLP4.6 Demonstrate the ability to counsel patients about potential adverse effects of unproven remedies while maintaining professional boundaries.

5. Organisational and legal dimensions

- MSKLP5.1 Describe the work related aspects of musculoskeletal conditions and the implications for certifying sickness and work capacity.
- MSKLP5.2 Outline the basic legislative requirements for sickness certification and fitness for duties.
- MSKLP5.3 Describe how to formulate a basic rehabilitation program for injured workers.
- MSKLP5.4 Describe the need for gaining informed consent from patients prior to interventional procedures.
- MSKLP5.5 Demonstrate the ability to write competent referrals and communications to participate in multidisciplinary care.

Learning objectives across the GP professional life

Vocational registrar

Assumed level of knowledge – prevocational doctor

1. Communication skills and the patient-doctor relationship

- MSKLV1.1 Describe the psychological influences and consequences of acute and chronic pain.
- MSKLV1.2 Describe the psychological influences and consequences of loss of function, or the burden of being at higher risk of deteriorating pain or function.
- MSKLV1.3 Demonstrate the ability to distinguish between patients' needs and wants with regards to their pain management.
- MSKLV1.4 Describe the role of the placebo response in pain management and the importance of the therapeutic relationship between doctor and patient in achieving the placebo response.
- MSKLV1.5 Demonstrate the skills and attitudes required for effective whole person care.
- MSKLV1.6 Describe how clinician attitudes, beliefs and feelings may affect pain management.
- MSKLV1.7 Describe information sources that may assist the patient with a musculoskeletal condition to better manage their condition.
- MSKLV1.8 Demonstrate a high level of use of explanation of pain mechanisms and natural history using analogy, metaphors and patient centred communication to teach the patient self care.
- MSKLV1.9 Demonstrate a high level of skills in motivational interviewing techniques to assist patients in dealing with persisting musculoskeletal problems.
- MSKLV1.10 Describe the role of cognitive behavioural therapy to assist patients in rehabilitation.
- MSKLV1.11 Describe the effect of a clinician's communication styles and body language when communicating with patients.

2. Applied professional knowledge and skills

- MSKLV2.1 Demonstrate how to take a comprehensive history, including identification of urgent and emergency conditions ('red flags') and important psychosocial stressors on musculoskeletal conditions ('yellow flags').
- MSKLV2.2 Demonstrate how to take a comprehensive pain history.
- MSKLV2.3 Demonstrate how to measure disability and impairment.
- MSKLV2.4 Demonstrate thorough examination of the musculoskeletal system including identifying dysfunctions, special physical tests and their interpretation.
- MSKLV2.5 Demonstrate a high level of knowledge of specific musculoskeletal conditions across different populations.
- MSKLV2.6 Describe the optimal sequence of ordering investigations to aid management decisions to demonstrate the ability to justify the necessity for each investigation and interpret the result.
- MSKLV2.7 Describe the prevalence of radiological abnormalities in a symptomatic and asymptomatic populations.
- MSKLV2.8 Recognise radiological findings of emergency and urgent ('red flag') conditions.

- MSKLV2.9 Demonstrate the ability to detail a comprehensive management plan for musculoskeletal complaints that may involve more than one healthcare provider. It may incorporate, where appropriate, the role of medications, patient education and reassurance, therapeutic exercise, rehabilitation, manual therapy, intraarticular injections and other regional techniques, psychological interventions, and surgery.
- MSKLV2.10 Justify the use of interventions through risk/benefit analyses.
- MSKLV2.11 Demonstrate an awareness of the levels of evidence for musculoskeletal management strategies.
- MSKLV2.12 Identify and acquire musculoskeletal procedural skill competency levels appropriate for the required service provision level, eg. if performing joint injections ensure skill competency level has been acquired.
- MSKLV2.13 Demonstrate the ability to monitor musculoskeletal disease status and medication use in terms of compliance and toxicity, including in the presence of comorbid illnesses such as cardiovascular disease.

3. Population health and the context of general practice

- MSKLV3.1 Outline the differences between pain perception, suffering and pain behaviour in those from different cultures and backgrounds.
- MSKLV3.2 Describe the differences in the spectrum of musculoskeletal conditions seen in general practice and other healthcare settings for different age groups, and understand the implications of this for patient care.
- MSKLV3.3 Describe the prevalence of various musculoskeletal conditions in the clinician's own local community and practice.
- MSKLV3.4 Identify chronic disease management programs, how to access them in the local community and how to collaborate with these programs.
- MSKLV3.5 Identify, where possible, how to reduce the specific impacts of a patient's musculoskeletal condition on family, work, school and other social roles.
- MSKLV3.6 Outline the relative cost effectiveness of diagnostic and management options for musculoskeletal conditions.

4. Professional and ethical role

- MSKLV4.1 Identify when there is a need for a multidisciplinary approach for musculoskeletal medical care.
- MSKLV4.2 Identify specific medical specialists and allied health professionals who will be required for the prevention and management of musculoskeletal conditions in specific patients.
- MSKLV4.3 Demonstrate the ability to coordinate care across disciplines in more complex musculoskeletal complaints, including compiling return to work/activity plans.
- MSKLV4.4 Demonstrate the ability to advocate for patients and to guide them to enable them to access necessary services and social and economic supports to manage their condition.

5. Organisational and legal dimensions

- MSKLV5.1 Describe the importance of systematic approaches to prevention and management of musculoskeletal conditions.
- MSKLV5.2 Describe the formulation and facilitation of a detailed rehabilitation program for injured workers.
- MSKLV5.3 Describe how best to use government policy initiatives to maximise the care of patients with musculoskeletal conditions.
- MSKLV5.4 Demonstrate reliable ways of recording and following patient outcomes.
- MSKLV5.5 Demonstrate a basic ability to assess impairment, disability, and handicap in injured workers for occupational/legal purposes.
- MSKLV5.6 Describe the legislative and legal requirements in report writing, and also providing evidence in court as an expert witnesses.
- MSKLV5.7 Demonstrate the ability to coordinate care involving multidisciplinary teams and to organise case conferences where required.
- MSKLV5.8 Describe patient confidentiality requirements and appropriate communication with stakeholders to whom the patient has given the doctor permission to disclose – for example, insurance companies and rehabilitation providers.

Learning objectives across the GP professional life

Continuing professional development

Assumed level of knowledge – vocational registrar

1. Communication skills and the patient-doctor relationship

MSKLC1.1 Undertake regular analysis of communication skills in relation to musculoskeletal medicine, which may include tools such as reviewing interview techniques with peers or mentors, or patient feedback tools within the clinical setting.

2. Applied professional knowledge and skills

MSKLC2.1 Demonstrate review of ongoing skills and methods to confidently diagnose and manage musculoskeletal diseases commonly arising within the local practice population and community (for example, a patient audit may provide guidance as to what the common local diseases are).

MSKLC2.2 Demonstrate knowledge of complementary and alternative therapies used in the management of musculoskeletal conditions.

MSKLC2.3 Describe the effects of nutrition, fitness and exercise on health in the musculoskeletal system.

MSKLC2.4 Demonstrate the ability to critically evaluate the literature concerning musculoskeletal medicine.

MSKLC2.5 Describe the principles of conducting musculoskeletal research in primary practice.

MSKLC2.6 Demonstrate a commitment to ongoing medical education including, where relevant, specific manual and injection techniques that are useful to control pain and improve function.

MSKLC2.7 Describe advances in knowledge regarding the prevention of musculoskeletal conditions.

MSKLC2.8 Maintain musculoskeletal procedural skill competency levels appropriate for the required service provision level, for example if performing joint injections, ensure skill competency level are maintained.

3. Population health and the context of general practice

MSKLC3.1 Demonstrate skills to differentiate between evidence based healthcare and non-evidence based healthcare for musculoskeletal conditions, and be able to accurately communicate this to individuals and groups.

MSKLC3.2 Identify the unmet needs of the clinician's community for the best management of musculoskeletal conditions.

MSKLC3.3 Demonstrate skills to modify diagnosis, treatment and chronic disease self management in line with developments in evidence based healthcare.

MSKLC3.4 Identify and use new resources, particularly those based on reliable evidence, for the prevention and management of musculoskeletal conditions as they become available.

4. Professional and ethical role

- MSKLC4.1 Demonstrate the ongoing coordination of multidisciplinary care for patients with musculoskeletal disorders as required.
- MSKLC4.2 Describe the GP's role in assisting or empowering their community to gain access to necessary services/treatments/diagnostic resources to manage musculoskeletal conditions.
- MSKLC4.3 Consider and undertake further course or specialist training in musculoskeletal medicine as appropriate for the skill level required.

5. Organisational and legal dimensions

- MSKLC5.1 Demonstrate an ability to regularly audit patient outcomes.
- MSKLC5.2 Demonstrate a basic familiarity with Australian Medical Association Guides to the assessment of impairment, disability and handicap in injured workers.
- MSKLC5.3 Describe how to formulate a full rehabilitation program for injured workers.
- MSKLC5.4 Self review of written medicolegal reports to ensure that they aid the legal process in making timely determinations.

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